

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000512329

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|------|---|------|---|------|---|------|---|------|---|----|----|---|-----|---|----|----|---|------|---|----|----|---|------|---|------|---|------|---|----|----|---|-----|----|-----|---|
| DRAC | 1 | PEDV | 1 | TRFD | 2 | TRFC | 4 | WEAT | 1 | DRVA | 3 | U1 | U2 | 1 | VIS | 8 | U1 | U2 | 8 | VEHD | 1 | U1 | U2 | 1 | LGHT | 1 | COLL | 2 | MANV | 1 | U1 | U2 | 1 | PPA | 61 | PPL | 1 |
|------|---|------|---|------|---|------|---|------|---|------|---|----|----|---|-----|---|----|----|---|------|---|----|----|---|------|---|------|---|------|---|----|----|---|-----|----|-----|---|

| | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|--|---|--|-----------|--|-------------------------|--|
| INVESTIGATING AGENCY Bloomington Police Department | | DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500 | | TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED | | <input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash | | AGENCY CRASH REPORT NO. B16-56195 | | TRFW 8 | | | | | |
| ADDRESS NO. | | HIGHWAY OR STREET NAME EAST MONROE STREET | | <input checked="" type="checkbox"/> City BLOOMINGTON | | INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | DATE OF CRASH 6/6/2016 | | TIME 6:18 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | LARS CODE | | VEHT 16 U1 | |
| (CIRCLE) <input type="checkbox"/> FT / MI N S E W | | (CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH CLAYTON STREET (NAME OF INTERSECTION OR ROAD FEATURE) | | COUNTY MC LEAN | | PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | NUMBER MOTOR VEHICLES INVLD 1 | | LARS CODE | | U2 15 | |
| | | | | | | HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | | | NO LANCES 0 | |

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--------------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|
| NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV CARTER, SHAUN | | DATE OF BIRTH 1/1/1980 | | MAKE MAZDA | | MODEL MAZDA3 | | YEAR 2010 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8 | | FRONT 1 2 7 9 3 6 5 4 REAR | | TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR | | ALIGN 1 | |
| STREET ADDRESS [REDACTED] | | SEX M | | SAFT 1 | | AIR 3 | | PLATE NO. [REDACTED] | | STATE IL | | YEAR 2010 | | | | RSUR 1 | |
| CITY BLOOMINGTON | | STATE IL | | ZIP 61701 | | INJURY C | | EJECT 2 | | VIN [REDACTED] | | | | | | VEHU 2 U1 | |
| TELEPHONE [REDACTED] | | DRIVER LICENSE NO. [REDACTED] | | STATE IL | | CLASS [REDACTED] | | VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED] | | INSURANCE CO. [REDACTED] | | | | | | U2 2 | |
| TAKEN TO St. Joseph Hospital | | EMS AGENCY Other | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] | | TELEPHONE [REDACTED] | | POLICY NO. [REDACTED] | | | | | | | | U1 2 | |

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--------------------------------|--|---|--|--|--|--|--|--|--|------------------------|--|
| NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV GARCIA, GUADALUPE E | | DATE OF BIRTH 1/1/1980 | | MAKE MITSUBISHI | | MODEL OUTLANDER | | YEAR 2014 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8 | | FRONT 1 2 7 9 3 6 5 4 REAR | | TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR | | U2 1 | |
| STREET ADDRESS [REDACTED] | | SEX M | | SAFT 2 | | AIR 4 | | PLATE NO. [REDACTED] | | STATE IL | | YEAR 2016 | | | | BAC 96 U1 | |
| CITY BLOOMINGTON | | STATE IL | | ZIP 61701 | | INJURY O | | EJECT 1 | | VIN [REDACTED] | | | | | | U2 96 | |
| TELEPHONE [REDACTED] | | DRIVER LICENSE NO. [REDACTED] | | STATE IL | | CLASS D | | VEHICLE OWNER (LAST, FIRST, M.I.) GARCIA, GUADALUPE E | | INSURANCE CO. STATE FARM | | | | | | U2 96 | |
| TAKEN TO Refused | | EMS AGENCY Refused | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701 | | TELEPHONE [REDACTED] | | POLICY NO. [REDACTED] | | | | | | | | U1 1 | |

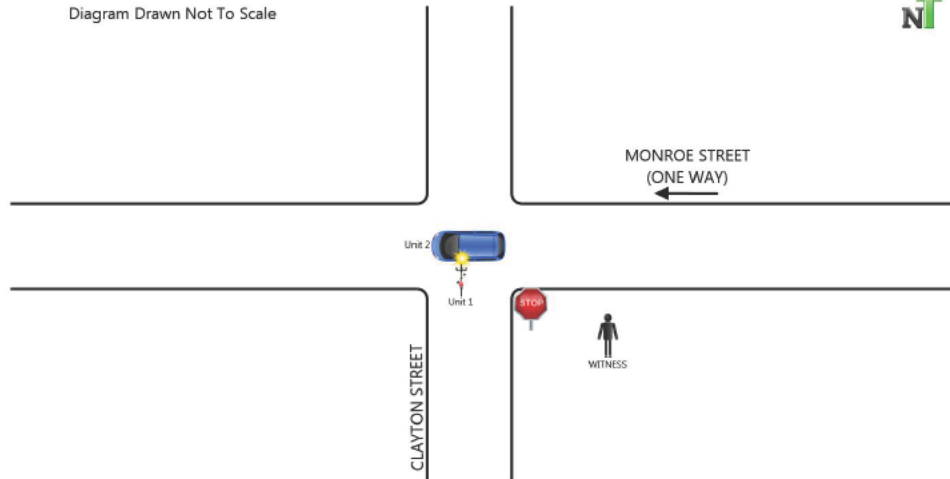
| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJECT) | PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) | (HOSP) | (EMS) | |
|--------|--------|------------|-------|--------|-------|-------|---------|--|--------|-------|------------------|
| W | | [REDACTED] | I | | | | | SWANSON, AMY E, [REDACTED] BLOOMINGTON, IL, 61701 / [REDACTED] | | | U1 1 |
| | | | | | | | | | | | U2 1 |
| | | | | | | | | | | | DIRP 1 |
| | | | | | | | | | | | U1 7 |
| | | | | | | | | | | | U2 7 |

| | | | | | | | | | | | | |
|--------|--------|------------|--------|-------|-----------------------------|--|---|--|---|--|--|--|
| UNIT 1 | (EVNO) | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | | DAMAGED PROPERTY | | CONTRIBUTORY CAUSE(S) | | POSTED SPEED LIMIT | Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type |
| | 1 | [REDACTED] | | | PROPERTY OWNER ADDRESS | | CITY STATE ZIP | | PRIMARY 23 | | | |
| | 2 | [REDACTED] | | | ARREST NAME | | SECTION CITATION NO. | | SECONDARY 15 | | | |
| UNIT 2 | 1 | [REDACTED] | 13 | 1 | ARREST NAME | | SECTION CITATION NO. | | DATE POLICE NOTIFIED 6/6/2016 | | TIME NOTIFIED 6:18 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| | 2 | [REDACTED] | | | OFFICER ID. 10448 | | SIGNATURE Bryce Janssen | | BEAT / DIST. 2 | | SUPERVISOR ID. Dan Donath, 5430 | |
| | 3 | [REDACTED] | | | COURT DATE | | COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | |

X000512329

A **Diagram** and **Narrative** are required on all **Type B** crashes,
even if units have been moved prior to the officer's arrival.

Diagram Drawn Not To Scale



NARRATIVE (Refer to vehicle by Unit No.)

THE DRIVER OF UNIT 1 STATED THE FOLLOWING IN SUMMARY: HE WAS TRAVELING NORTHBOUND ON CLAYTON STREET, IN THE ROADWAY. HE WENT THROUGH MONROE STREET WITHOUT STOPPING. UNIT 1 COLLIDED WITH UNIT 2 IN THE INTERSECTION OF MONROE STREET AND CLAYTON STREET.

THE DRIVER OF UNIT 2 STATED THE FOLLOWING IN SUMMARY: HE WAS TRAVELING WESTBOUND ON MONROE STREET. UNIT 1 RAN INTO THE SIDE OF HIS VEHICLE AT THE INTERSECTION OF CLAYTON STREET AND MONROE STREET. THE DRIVER OF UNIT 1 GOT UP AND RAN NORTHBOUND FROM THE SCENE.

WITNESS, AMY SWANSON, STATED THE FOLLOWING IN SUMMARY: UNIT 1 WAS

LOCAL USE ONLY

Motorist 1 Report No: **20140046090**Motorist 2 Report No: **20140231238**

U1 Color:

U2 Color: **Blue**U1 Race: **W**U2 Race: **H**

U1 Towed by / to:

U2 Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO.

ILLCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR).

Were HAZMAT placards displayed on the vehicle ? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash ?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ W DE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

TRAVELING NORTHBOUND ON CLAYTON STREET IN THE MIDDLE OF THE ROADWAY. UNIT 1 WENT INTO THE INTERSECTION WITHOUT STOPPING OR EVEN YIELDING TO ONCOMING TRAFFIC. UNIT 1 RAN INTO THE SIDE OF UNIT 2 IN THE INTERSECTION OF MONROE STREET AND CLAYTON STREET.