

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



IY002



\*X000290859\*

DRAC 8	PEDV 1	TRFD 12	TRFC 4	WEAT 1	DRVA 10	VIS 9	VEHD 1	1	LGHT 1	COLL 9	MANV 14	21	PPA 56	PPL 1
U1	U2					U2	U1	U2		U1	U2			

INVESTIGATING AGENCY <b>Bloomington Police Department</b>		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input 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 checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. <b>B15-59135</b>		TRFW <b>1</b>					
ADDRESS NO. <b>911</b>		HIGHWAY OR STREET NAME <b>W WASHINGTON STREET</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH <b>8/5/2015</b>		TIME <b>10:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT <b>U1</b>	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH		COUNTY <b>MC LEAN</b>		PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD <b>2</b>		LARS CODE		U2 <b>1</b>	

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 <b>SCHUMACHER, VANCE M</b>		DATE OF BIRTH <b>11/11/1979</b>		MAKE <b>DATSON</b>		MODEL <b>280ZX</b>		YEAR <b>1979</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>4</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/>		ALIGN <b>1</b>	
STREET ADDRESS <b>[REDACTED]</b>		SEX <b>M</b>		SAFT <b>4</b>		AIR <b>3</b>		PLATE NO. <b>[REDACTED]</b>		STATE <b>IL</b>		YEAR <b>2016</b>		U2 <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		INJURY <b>O</b>		EJECT <b>2</b>		VIN <b>[REDACTED]</b>		INSURANCE CO. <b>NOT INSURED</b>		U1 <b>1</b>	
TELEPHONE <b>[REDACTED]</b>		DRIVER LICENSE NO. <b>[REDACTED]</b>		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>MCELVANEY, ROBERT B</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>NONE</b>		U2 <b>1</b>	
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>[REDACTED] BLOOMINGTON, IL, 61701</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>NONE</b>		U1 <b>1</b>		U2 <b>1</b>		U2 <b>1</b>	

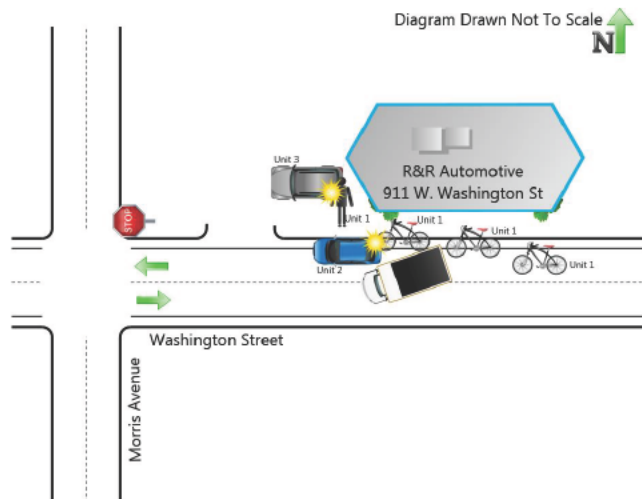
NAME <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>SCHUMACHER, VANCE M</b>		DATE OF BIRTH <b>11/11/1979</b>		MAKE <b>DATSON</b>		MODEL <b>280ZX</b>		YEAR <b>1979</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>4</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/>		U2 <b>1</b>	
STREET ADDRESS <b>[REDACTED]</b>		SEX <b>M</b>		SAFT <b>4</b>		AIR <b>3</b>		PLATE NO. <b>[REDACTED]</b>		STATE <b>IL</b>		YEAR <b>2016</b>		U1 <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		INJURY <b>O</b>		EJECT <b>2</b>		VIN <b>[REDACTED]</b>		INSURANCE CO. <b>NOT INSURED</b>		U2 <b>1</b>	
TELEPHONE <b>[REDACTED]</b>		DRIVER LICENSE NO. <b>[REDACTED]</b>		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>MCELVANEY, ROBERT B</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>NONE</b>		U1 <b>1</b>	
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>[REDACTED] BLOOMINGTON, IL, 61701</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>NONE</b>		U1 <b>1</b>		U2 <b>1</b>		U2 <b>1</b>	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
												0
												7
												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	<input type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>20</b>					
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY <b>32</b>					
UNIT 2	1	<input checked="" type="checkbox"/>	<b>11</b>	<b>1</b>	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED <b>8/5/2015</b>		TIME NOTIFIED <b>10:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
	2	<input type="checkbox"/>			OFFICER ID. <b>9359</b>		SIGNATURE <b>Jeremy Cunningham</b>		BEAT / DIST. <b>1</b>				SUPERVISOR ID. <b>Jeff Albee, 6464</b>	
	3	<input type="checkbox"/>							COURT DATE				COURT TIME	

**X000290859**

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



**NARRATIVE** (Refer to vehicle by Unit No.)

UNIT 1 WAS TRAVELING WESTBOUND ON WASHINGTON STREET IN FRONT OF  
911 W. WASHINGTON STREET.

A LARGE TRUCK PULLED ONTO THE ROAD IN FRONT OF UNIT 1.

UNIT 1 WENT AROUND TO THE RIGHT OF THE TRUCK AND STRUCK THE REAR OF A PARKED CAR (UNIT 2).

THE RIDER OF UNIT 1 CAME OFF HIS BICYCLE AND STRUCK THE SIDE OF  
ANOTHER PARKED CAR (UNIT 3).

**LOCAL USE ONLY**

Motorist 1 Report No: **20140044940**

Motorist 2 Report No:

U1 Color:

U2 Color: **Blue**

U1 Race: **W**

U2 Race:

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 ☐UNK

Did HAZMAT Regulations violation contribute to the crash ?  
☐Y    ☐N    ☐UNK

Did 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"
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TRAILER 1 ☐ ☐ ☐

TRAILER 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 \_\_\_\_\_

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000286939\*

DRAC	10	PEDV	2	TRFD	12	TRFC	4	WEAT	1	DRVA	16	U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	1	COLL	2	MANV	1	U1	21	U2	56	PPA	2	PPL	2
------	----	------	---	------	----	------	---	------	---	------	----	----	---	----	---	------	---	----	---	----	---	------	---	------	---	------	---	----	----	----	----	-----	---	-----	---

INVESTIGATING AGENCY <b>Bloomington Police Department</b>		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. <b>B15-60947</b>		TRFW <b>1</b>							
ADDRESS NO.		HIGHWAY OR STREET NAME <b>CLEARWATER AVENUE</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH <b>7/31/2015</b>		TIME <b>10:32</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT <b>16</b> U1	
(CIRCLE) <input checked="" type="checkbox"/> 100 <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) FT / MI N S E W <b>KENNETH DRIVE</b> (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY <b>MC LEAN</b>		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE		U2 <b>1</b> NO. LANES	

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 <b>NGUYEN, BRYANT M</b>		DATE OF BIRTH <b>11/13</b>		MAKE <b>MAZDA</b>		MODEL <b>PROTEGE</b>		YEAR <b>2000</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>5</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input 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 <b>1</b>	
STREET ADDRESS <b>[REDACTED]</b>		SEX <b>1</b>		SAFT <b>3</b>		AIR <b>1</b>		STATE <b>IL</b>		YEAR <b>2015</b>		INSURANCE CO. <b>CINCINNATI INS CO</b>		U2 <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>B</b>		EJECT <b>1</b>		VIN <b>[REDACTED]</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>DANENBERGER, KATHERINE</b>		U1 <b>1</b>	
TELEPHONE <b>[REDACTED]</b>		DRIVER LICENSE NO. <b>(NONE)</b>		STATE <b>IL</b>		CLASS <b>1</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>DANENBERGER, KATHERINE</b>		INSURANCE CO. <b>CINCINNATI INS CO</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>[REDACTED]</b>	
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>[REDACTED] BLOOMINGTON, IL, 61704</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>[REDACTED]</b>		U1 <b>2</b>		VEHU <b>2</b>		U2 <b>1</b>	

NAME <input type="checkbox"/> DRIVER <input checked="" 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 <b>ERGER, ABIGAIL M</b>		DATE OF BIRTH <b>11/13</b>		MAKE <b>MAZDA</b>		MODEL <b>PROTEGE</b>		YEAR <b>2000</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>5</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input 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 <b>1</b>	
STREET ADDRESS <b>[REDACTED]</b>		SEX <b>1</b>		SAFT <b>3</b>		AIR <b>1</b>		STATE <b>IL</b>		YEAR <b>2015</b>		INSURANCE CO. <b>CINCINNATI INS CO</b>		U1 <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>B</b>		EJECT <b>1</b>		VIN <b>[REDACTED]</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>DANENBERGER, KATHERINE</b>		U2 <b>1</b>	
TELEPHONE <b>[REDACTED]</b>		DRIVER LICENSE NO. <b>(NONE)</b>		STATE <b>IL</b>		CLASS <b>1</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>DANENBERGER, KATHERINE</b>		INSURANCE CO. <b>CINCINNATI INS CO</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>[REDACTED]</b>	
TAKEN TO <b>Refused</b>		EMS AGENCY <b>Refused</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>[REDACTED] BLOOMINGTON, IL, 61704</b>		TELEPHONE <b>[REDACTED]</b>		POLICY NO. <b>[REDACTED]</b>		U1 <b>1</b>		VEHU <b>2</b>		U2 <b>1</b>	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	U1
W								ERGER, ABIGAIL M [REDACTED] BLOOMINGTON, IL, 61704 / [REDACTED]				0
												U2
												DIRP
												U1
												3
												U2
												3

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT <b>30</b>	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				PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>15</b>				
	2				ARREST NAME <b>NGUYEN, BRYANT M</b>		SECTION <b>11-709</b>		CITATION NO. <b>252978</b>	SECONDARY <b>20</b>			
UNIT 2	1	<input checked="" type="checkbox"/>	<b>13</b>	<b>1</b>	ARREST NAME <b>NGUYEN, BRYANT M</b>		SECTION <b>252979</b>		CITATION NO. <b>252979</b>	DATE POLICE NOTIFIED <b>7/31/2015</b>	TIME NOTIFIED <b>10:32</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2				OFFICER ID. <b>6653</b>		SIGNATURE <b>Josh Loudenburg</b>		BEAT / DIST. <b>3</b>	SUPERVISOR ID. <b>Rob Raycraft, 6965</b>	COURT DATE <b>9/1/2015</b>		COURT TIME <b>9:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	3												

**X000286939**

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

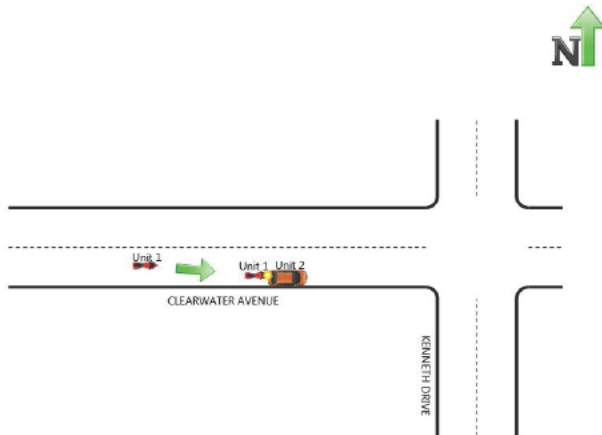


Diagram Drawn Not To Scale

**NARRATIVE** (Refer to vehicle by Unit No.)

Unit 1 driver was operating an X-Treme E. Bike electric bicycle. Unit 1 driver was autistic and non-communicative for the most part. No statement regarding what occurred could be obtained.

Witness Abigail Danenberger stated she heard the crash and came outside of her home to find Unit 1 had struck Unit 2 while Unit 2 was parked.

Unit 2 was parked lawfully on the roadway.

**LOCAL USE ONLY**

Motorist 1 Report No:

Motorist 2 Report No:

U1 Color: **Blue**U2 Color: **Silver, Aluminum**U1 Race: **A**

U2 Race:

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" &gt;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 \_\_\_\_\_

Sheet **1** of **1** Sheets

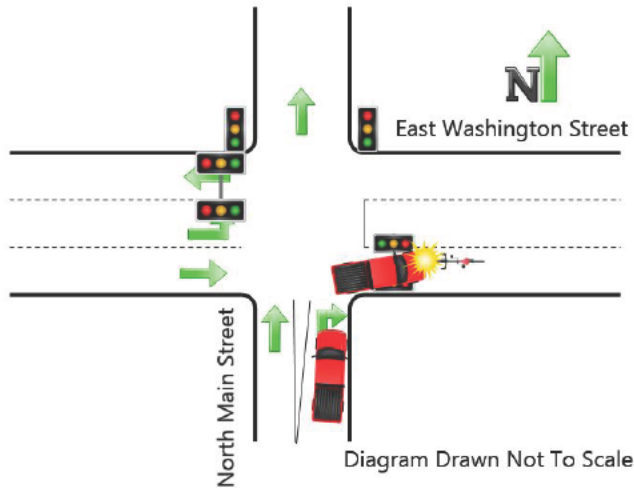


\* X000293572 \*

[illegible]

**X000293572**

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

**NARRATIVE** (Refer to vehicle by Unit No.)

The driver of Unit #2 was stopped at a red light at the intersection of North Main Street and East Washington Street. The driver of Unit #2 was attempting to turn right and travel eastbound on East Washington Street. Unit #2 made the turn and was struck head on by a bicyclist.

The rider of Unit #1 was traveling westbound on East Washington street in the eastbound lane. The rider of Unit #1 stated he was pinned under the bicycle and the tire of vehicle was on the bicycle. The rider of Unit #1 stated he tapped on bumper and asked the driver to reverse.

I informed the rider of Unit #1 of the fact that when you operate a bicycle on the roadway you are required to abide by the Illinois Vehicle Code. The rider of Unit #1 then stated he

**LOCAL USE ONLY**Motorist 1 Report No: **20140417829**Motorist 2 Report No: **20140417830**

U1 Color:

U2 Color: **Red**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" &gt;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

was riding his bicycle on the side walk.

No citations were issued.