

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000585865

DRAC	1	PEDV	2	TRFD	2	TRFC	1	WEAT	1	DRVA	2	U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	1	COLL	2	MANV	1	U1	1	U2	1	PPA	56	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. B16-59011		TRFW 1					
ADDRESS NO.		HIGHWAY OR STREET NAME MARTIN LUTHER KING		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 9/7/2016		TIME 5:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> Cottage Avenue		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 16	
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO. LANES 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 DEHM, BARBARA K		DATE OF BIRTH 11/11/1961		MAKE MAZDA		MODEL 626		YEAR 2009		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR		ALIGN 1	
STREET ADDRESS [REDACTED]		SEX 1		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		RSUR 1	
CITY NORMAL		STATE IL		ZIP 61761		INJURY O		EJECT 1		VIN [REDACTED]		INSURANCE CO. Progressive		VEHU 2	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) DEHM, BARBARA K		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 2	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] NORMAL, IL, 61761		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U2 2	

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 JEDLICKA, TYLER L		DATE OF BIRTH 11/11/1991		MAKE [REDACTED]		MODEL [REDACTED]		YEAR [REDACTED]		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT [REDACTED]		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		BAC 96	
STREET ADDRESS [REDACTED]		SEX 1		SAFT 1		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR [REDACTED]		U1 1	
CITY NORMAL		STATE IL		ZIP 61761		INJURY C		EJECT 1		VIN [REDACTED]		INSURANCE CO. [REDACTED]		U2 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 1	
TAKEN TO Refused		EMS AGENCY Other		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]						U2 1	

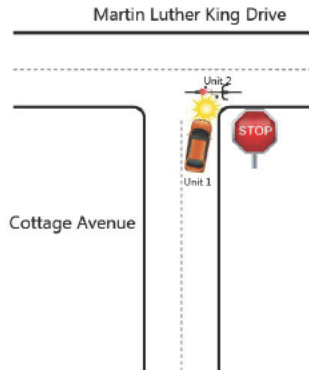
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
W								THOMAS, FUNMILOLA A, [REDACTED] BLOOMINGTON, IL, 61704 / [REDACTED]			1
											U2
											DIRP
											1
											U1
											7
											U2

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 30	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 checked="" type="checkbox"/>	13	1	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY 02			
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY 99			
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED 9/7/2016		TIME NOTIFIED 5:35 <input type="checkbox"/> AM <input checked="" 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. 10393		SIGNATURE Brandt Parsley		COURT DATE			
	3	<input type="checkbox"/>			BEAT / DIST.		SUPERVISOR ID. Tim McCoy, 5428		COURT TIME			

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

Not to scale

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

The driver of Unit #1 stated the following in summary: She arrived at the intersection of Martin Luther King Drive and Cottage Avenue at the same time as Unit #2. Unit #2 waived her on and then entered the intersection. She struck Unit #2 in the intersection.

Unit #2 stated the following in summary: Unit #1 stopped at the stop sign then started to go. Then stopped again. He entered the intersection as Unit #1 was stopped. He was struck by Unit #1.

A witness provided the same account as Unit #2.

LOCAL USE ONLYMotorist 1 Report No: **20110893294**Motorist 2 Report No: **20110893294**U1 Color: **Black**U2 Color: **Maroon**

U1 Race:

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" >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 _____