

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



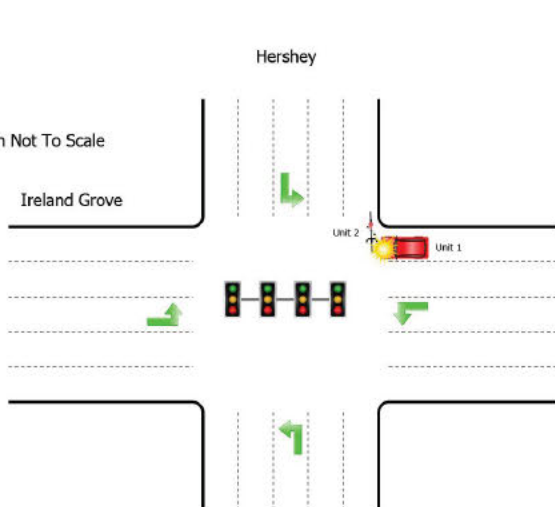
* X000251391 *

DRAC 1		1		1		3		4		1		2		1		1		1		3		2		1		5		4		2		IY002		*X000251391*			
INVESTIGATING AGENCY Bloomington Police Department														DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY				<input checked="" type="checkbox"/> \$500 OR LESS <input 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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash				AGENCY CRASH REPORT NO. B15-61716				TRFW 2			
ADDRESS NO.				HIGHWAY OR STREET NAME IRELAND GROVE										<input checked="" type="checkbox"/> City BLOOMINGTON				Township <input type="checkbox"/>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 6/2/2015		TIME 7:48		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 15							
(CIRCLE) <input type="checkbox"/> FT / MI N S E W				(CIRCLE) HERSHEY										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		U1 16											
<input checked="" type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE) TRIMPE, ANNIE E														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				DATE OF BIRTH mo / day / yr 2 / 4				MAKE NISSAN		MODEL MURANOSL		YEAR 2007		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 0		TOWED DUE TO CRASH <input checked="" type="checkbox"/> 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		Y N 0		ALIGN 1			
STREET ADDRESS BLOOMINGTON				STATE IL				ZIP 61704				INJURY O		EJECT 1		VIN MC LEAN		PLATE NO. IL		STATE IL		YEAR 2016		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 0		TOWED DUE TO CRASH <input checked="" type="checkbox"/> 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		Y N 0		RSUR 1							
TELEPHONE BLOOMINGTON				DRIVER LICENSE NO. IL				STATE IL				CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) TRIMPE, ANNIE E				INSURANCE CO. STATE FARM				TAKEN TO Refused		EMS AGENCY Other				OWNER ADDRESS (STREET, CITY, STATE, ZIP) STATE FARM				TELEPHONE STATE FARM		POLICY NO. STATE FARM		VEHU 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				DATE OF BIRTH mo / day / yr 1 / 3				MAKE NISSAN		MODEL MURANOSL		YEAR 2007		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 0		TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		Y N 0		RDEF 1																	
STREET ADDRESS LAKE ZURICH				STATE IL				ZIP 60047				INJURY C		EJECT 1		VIN LAKE ZURICH		PLATE NO. IL		STATE IL		YEAR 2016		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 0		TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR		Y N 0		BAC 96							
TELEPHONE LAKE ZURICH				DRIVER LICENSE NO. IL				STATE IL				CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) LAKE ZURICH				INSURANCE CO. LAKE ZURICH				TAKEN TO Refused		EMS AGENCY Refused				OWNER ADDRESS (STREET, CITY, STATE, ZIP) LAKE ZURICH				TELEPHONE LAKE ZURICH		POLICY NO. LAKE ZURICH		U1 96	
(UNIT)				(SEAT)		(DOB)		(SEX)		(SAFT)		(AIR)		(INJ)		(EJECT)		PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)										(HOSP)		(EMS)		U1 1					
1				13		1																										U2 1					
2				13		1																										DIRP 7					
3				13		1																										U1 5					
1				13		1																										U2 5					
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X000251391

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 (Annie) was traveling west on Ireland Grove. Unit 1 came up to the intersection at Ireland Grove and Hershey. Unit 1 stopped because of a red light. Unit 1 looked left, but not right. Unit 1 turned right and struck the front end of Unit 2's bicycle.

Unit 2 (Nicholas) was riding his bicycle south on the east side of the sidewalk. Unit 2 came up to the intersection and pressed the button so he could cross the intersection. When Unit 2 had the right away he went. Unit 2 made it about five feet into the crosswalk when the front end of his bicycle was struck.

I asked Unit 2 if he was injured. Unit 2 told me his knees were "sore from hopping." I asked Unit 2 if he fell onto the ground and he told me no. I asked Unit 2 if his bicycle was damaged. Unit 2 told me he was not "quite sure." Unit 2 told me his handle bars were not

LOCAL USE ONLYMotorist 1 Report No: **20140417248**Motorist 2 Report No: **20140417249**

U1 Color:

U2 Color:

U1 Race: **W**U2 Race: **W**

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

straight and his front rim could be bent.