

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000099446

DRAC	1	PEDV	1	TRFD	3	TRFC	4	WEAT	1	DRVA	6	U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	5	COLL	2	MANV	12	U1	4	U2	PPA	57	PPL	1
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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. B14-47323		TRFW 2					
ADDRESS NO.		HIGHWAY OR STREET NAME VETERANS PARKWAY		<input type="checkbox"/> City BLOOMINGTON CITY		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 5/25/2014		TIME 9:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 16 U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W Mercer		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH (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 1 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 LAMB, FREDRICK N		DATE OF BIRTH mo / day / yr		MAKE Lincoln		MODEL MKZ		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		FRONT 8 1 2 7 9 3 6 5 4 REAR		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 1	
STREET ADDRESS		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F SAFT <input type="checkbox"/> 1 AIR <input type="checkbox"/> 3		PLATE NO.		STATE IL		YEAR 2014		VIN						RSUR 1	
CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY C		EJECT 2		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.				VEHU 2 U1	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D											
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.									

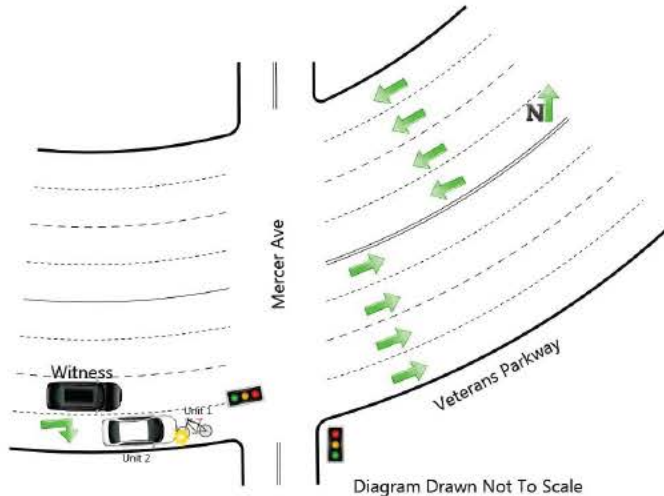
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV RIEGER, KEITH D		DATE OF BIRTH mo / day / yr		MAKE Lincoln		MODEL MKZ		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		FRONT 8 1 2 7 9 3 6 5 4 REAR		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 1 RDEF	
STREET ADDRESS		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F SAFT <input type="checkbox"/> 2 AIR <input type="checkbox"/> 4		PLATE NO.		STATE IL		YEAR 2014		VIN						BAC 96 U1	
CITY BLOOMINGTON		STATE IL		ZIP 61705		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) RIEGER, KEITH D		INSURANCE CO. state farm				U2 96 NO. OCCS	
TELEPHONE		DRIVER LICENSE NO.		STATE IL		CLASS D											
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.									

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) (ADDRESS) (TEL)	(HOSP)	(EMS)	U1
W								WEIS, ELLEN F.			1
											U2 DIRP 6
											U1 2

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 45	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 05				
	2	<input type="checkbox"/>			ARREST NAME LAMB, FREDRICK N		SECTION 11-709		CITATION NO. 242353	SECONDARY 20			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED 5/25/2014	TIME NOTIFIED 9:35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			OFFICER ID. 10707		SIGNATURE Joseph Rizzi		BEAT / DIST. 5	SUPERVISOR ID. Tim McCoy, 5428	COURT DATE 7/1/2014		COURT TIME 9:00 <input type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input type="checkbox"/>											

X000099446

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 2 was traveling northeast on Veterans Parkway approaching Mercer Avenue. Unit 2 was in the right hand turn lane preparing to turn onto southbound Mercer.

Unit 1 (bicycle) turned from northbound Mercer Avenue onto Veterans Parkway. Unit 1 turned onto the northeast bound lanes of Veterans Parkway traveling southwest. Unit 1 was driving the wrong way down Veterans Parkway.

Unit 2 struck Unit 1 headon.

Driver of Unit 1 admitted he should have not been driving the wrong way down Veterans Parkway.

LOCAL USE ONLYMotorist 1 Report No: **20140036106**Motorist 2 Report No: **20140036105**

U1 Color:

U2 Color: **White**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 _____