

## Sheet 1 of 1 Sheets



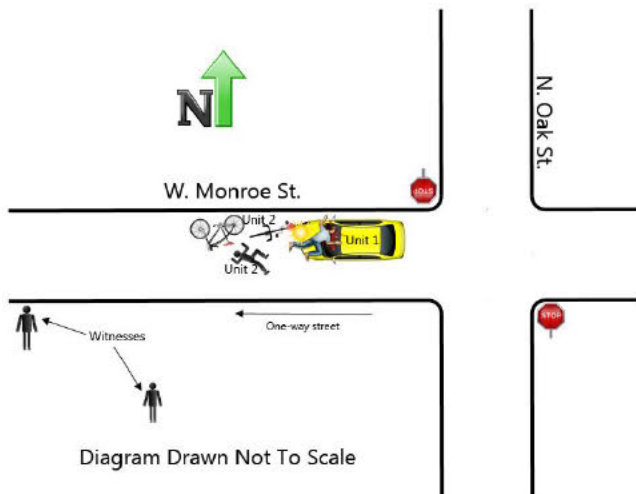
**IY002**

\* X000209099 \*

DRAC 9 9 9 99 9 8 99 99 99 99 99 99 1 2 99 99 99 1										IY002										* X000209099 *																																																																															
INVESTIGATING AGENCY Bloomington Police Department										DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY \$500 OR LESS \$501 - \$1,500 OVER \$1,500										TYPE OF REPORT ON SCENE NOT ON SCENE (DESK REPORT) AMENDED										AGENCY CRASH REPORT NO. B14-47370										TRFW 9																																																											
ADDRESS NO.										HIGHWAY OR STREET NAME MONROE										CITY BLOOMINGTON										INTERSECTION RELATED Y N										DATE OF CRASH 11/11/2014										TIME 3:38										LARS CODE										VEHT 1																													
(CIRCLE) FT / MI N S E W Oak										(CIRCLE) AT INTERSECTION WITH NAME OF INTERSECTION OR ROAD FEATURE										COUNTY MC LEAN										PRIVATE PROPERTY Y N										DOORING WITH PEDALCYCLIST? Y N										NUMBER MOTOR VEHICLES INVLD 1										LARS CODE										NO. LANES 16																													
NAME DRIVER PARKED DRIVERLESS PED PEDAL EQUES NMV NCV CARR, KIMBERLY R										DATE OF BIRTH mo / day / yr										MAKE PONTIAC										MODEL GRAND PRIX										YEAR 2005										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 Y N										ALIGN 1																													
STREET ADDRESS										SEX SAFT AIR 9 4										PLATE NO.										STATE IL										YEAR 2015										VIN										FRONT 1 2 3 4 5 6 7 8 9 REAR										COM VEH Y N										RSUR 1																			
CITY BLOOMINGTON										STATE IL										ZIP 61701										INJURY O										EJECT 1										VEHICLE OWNER (LAST, FIRST, M.I.) ESTES, EBONY M										INSURANCE CO. Unique Insurance Company										TELEPHONE										POLICY NO.										VEHU 2									
TAKEN TO Refused										EMS AGENCY Refused										OWNER ADDRESS (STREET, CITY, STATE, ZIP)										TELEPHONE										POLICY NO.										U1 2																																																	
NAME DRIVER PARKED DRIVERLESS PED PEDAL EQUES NMV NCV LOFTON, WILLIE										DATE OF BIRTH mo / day / yr										MAKE										MODEL										YEAR										CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT										TOWED DUE TO CRASH Y N										RDEF 1																													
STREET ADDRESS										SEX SAFT AIR 1 3										PLATE NO.										STATE										YEAR										VIN										FRONT 1 2 3 4 5 6 7 8 9 REAR										COM VEH Y N										BAC 97																			
CITY BLOOMINGTON										STATE IL										ZIP 61701										INJURY A										EJECT 1										VEHICLE OWNER (LAST, FIRST, M.I.)										INSURANCE CO.										TELEPHONE										POLICY NO.										U1 96									
TAKEN TO Advocate BroMenn Hospital										EMS AGENCY Bloomington EMS										OWNER ADDRESS (STREET, CITY, STATE, ZIP)										TELEPHONE										POLICY NO.										U2 4																																																	
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT)										PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)										(HOSP)										(EMS)										U1 1																																																											
1 3										HOLMES, COURTNEY D										Refused										Refused										U2 1																																																											
1 7										LANTAY SCOTT III, DAVID D.										Refused										Refused										DIRP 7																																																											
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W										CAMPBELL, HARRY L.																																																																																									
W										ROGERS, MARCUS A.																																																																																									
(EVNO) (MOST) (EVNT) (LOC)										DAMAGED PROPERTY OWNER NAME										DAMAGED PROPERTY										CONTRIBUTORY CAUSE(S)										POSTED SPEED LIMIT										Did crash occur in a Work Zone? Y N																																																	
UNIT 1 1 13 1										PROPERTY OWNER ADDRESS										CITY										STATE										ZIP										PRIMARY 18										SECONDARY 18										30										If YES check one below: Construction Maintenance Utility Unknown work zone type																			
UNIT 2 1 2 3										ARREST NAME CARR, KIMBERLY R										SECTION 11-401(A)										CITATION NO. 246675										DATE POLICE NOTIFIED 11/11/2014										TIME NOTIFIED 3:38										Workers present? Y N																																							
UNIT 2 1 2 3										ARREST NAME										SECTION										CITATION NO.										COURT DATE 12/16/2014										COURT TIME 9:00																																																	
UNIT 2 1 2 3										OFFICER ID. 9255										SIGNATURE Evan Hurt										BEAT / DIST. 1										SUPERVISOR ID. Tim McCoy, 5428																																																											

**X000209099**

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.)

Information received indicated that Unit 1 was traveling westbound on Monroe St. and struck Unit 2, a bicyclist. I was unable to obtain statements from any occupants of Unit 1, as they were located away from the scene and transported for interviews. I was also unable to obtain a statement from the victim, who was unconscious and transported to the hospital, and did not regain consciousness during my time on scene at the hospital.

See EJS report 201416187 for details.

**LOCAL USE ONLY**Motorist 1 Report No: **20110893058**Motorist 2 Report No: **20110893059**U1 Color: **Yellow**U2 Color: **Black**U1 Race: **B**U2 Race: **B**U1 Towed (by) / to: **Joel Towing**

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 \_\_\_\_\_



## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000209099\*

DRAC 9 U1	PEDV 9 U2	TRFD 99	TRFC 9	WEAT 8	DRVA 99	VIS 99 U2	VEHD 99 U1	VEHD 99 U2	LGHT 1	COLL 2	MANV 99 U1	MANV 99 U2	PPA 99	PPL 1
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INVESTIGATING AGENCY <b>Bloomington Police Department</b>	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 type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input checked="" 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. <b>B14-47370</b>	TRFW <b>9</b>
ADDRESS NO. <b>MONROE</b>	HIGHWAY OR STREET NAME <b>MONROE</b>	<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH <b>11/11/2014</b>	TIME <b>3:38</b>
(CIRCLE) FT / MI <input type="checkbox"/> ..... <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) N S E W <b>Oak</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 type="checkbox"/> Y <input checked="" type="checkbox"/> N	LARS CODE <b>1</b>

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 <b>CARR, KIMBERLY R</b>	DATE OF BIRTH mo <b>9</b> day <b>4</b> yr <b>2005</b>	MAKE <b>PONTIAC</b>	MODEL <b>GRAND PRIX</b>	YEAR <b>2005</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>1</b>	FRONT 8 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"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	ALIGN <b>1</b>
STREET ADDRESS [REDACTED]	SEX <b>9</b>	SAFT <b>4</b>	AIR <b>1</b>	PLATE NO. [REDACTED]	STATE <b>IL</b>	YEAR <b>2015</b>		
CITY <b>BLOOMINGTON</b>	STATE <b>IL</b>	ZIP <b>61701</b>	INJURY <b>O</b>	EJECT <b>1</b>	VIN [REDACTED]			
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE <b>IL</b>	CLASS <b>D</b>	VEHICLE OWNER (LAST, FIRST, M.I.) <b>ESTES, EBONY M</b>	INSURANCE CO. <b>Unique Insurance Company</b>			
TAKEN TO <b>Refused</b>	EMS AGENCY <b>Refused</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]				

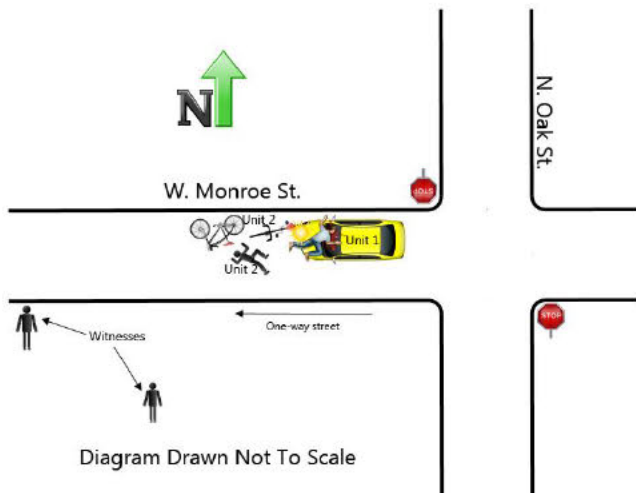
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>LOFTON, WILLIE</b>	DATE OF BIRTH mo <b>1</b> day <b>3</b> yr <b>2015</b>	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]	FRONT 8 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"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	ALIGN <b>1</b>
STREET ADDRESS [REDACTED]	SEX <b>1</b>	SAFT <b>3</b>	AIR <b>1</b>	PLATE NO. [REDACTED]	STATE <b>IL</b>	YEAR [REDACTED]		
CITY <b>BLOOMINGTON</b>	STATE <b>IL</b>	ZIP <b>61701</b>	INJURY <b>K</b>	EJECT <b>1</b>	VIN [REDACTED]			
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE <b>IL</b>	CLASS <b>D</b>	VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]	INSURANCE CO. [REDACTED]			
TAKEN TO <b>Advocate BroMenn Hospital</b>	EMS AGENCY <b>Bloomington EMS</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]				

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
1	3	[REDACTED]	[REDACTED]	9	4	O	1	HOLMES, COURTNEY D, [REDACTED]	Refused	Refused	1
1	7	[REDACTED]	[REDACTED]	9	4	O	1	LANTAY SCOTT III, DAVID D, [REDACTED]	Refused	Refused	7
1	7	[REDACTED]	[REDACTED]	9	4	O	1	FIELDS, JAMES L, [REDACTED]	Refused	Refused	9
W		[REDACTED]	[REDACTED]					CAMPBELL, HARRY L, [REDACTED]			
W		[REDACTED]	[REDACTED]					ROGERS, MARCUS A, [REDACTED]			

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 checked="" type="checkbox"/>	13	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY <b>18</b>	30		
	2	<input type="checkbox"/>			ARREST NAME <b>CARR, KIMBERLY R</b>	SECTION <b>11-401(A)</b>	CITATION NO. <b>246675</b>	SECONDARY <b>18</b>		
UNIT 2	1	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED <b>11/11/2014</b>	TIME NOTIFIED <b>3:38</b>	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID. <b>9255</b>	SIGNATURE <b>Evan Hurt</b>	BEAT / DIST. <b>1</b>	SUPERVISOR ID. <b>Edward Shumaker, 6875</b>	COURT DATE <b>12/16/2014</b>	

**X000209099**

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even if units have been moved prior to the officer's arrival.

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U2 Towed by / to:

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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 \_\_\_\_\_