

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



IY002



\*X000169982\*

DRAC	1	PEDV	1	TRFD	9	TRFC	2	WEAT	4	DRVA	1	99	99	99	1	1	99	1	2	4	20	99	1
U1	U2											U2	U1	U2	U1	U2			U1	U2			

INVESTIGATING AGENCY <b>Bloomington Police Department</b>		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 type="checkbox"/> ON SCENE <input checked="" 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. <b>B14-49940</b>		TRFW <b>2</b>					
ADDRESS NO.		HIGHWAY OR STREET NAME <b>KENNETH</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH <b>12/9/2014</b>		TIME <b>2:15</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE <b>Desk</b>		VEHT <b>1</b> U1	
<input checked="" type="checkbox"/> 5 (CIRCLE) FT / MI N S E W		<input type="checkbox"/> AT INTERSECTION WITH		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		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE <b>Desk</b>		U2 <b>16</b>	
														NO. LANES	

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>RATLIFF, ELIZABETH S</b>		DATE OF BIRTH mo / day / yr <b>2 / 4</b>		MAKE <b>MITSUBISHI</b>		MODEL <b>4 DOOR</b>		YEAR <b>2010</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH		ALIGN <b>1</b>	
STREET ADDRESS		SEX <b>2</b>		SAFT <b>4</b>		AIR <b>1</b>		PLATE NO.		STATE <b>IL</b>		YEAR <b>2015</b>		RSUR <b>1</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>O</b>		EJECT <b>1</b>		VIN		INSURANCE CO. <b>Tumbull Ins. Co.</b>		VEHU <b>2</b>	
TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.) <b>RATLIFF, ELIZABETH S</b>		TELEPHONE		POLICY NO.		U1 <b>98</b>	
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.						U2 <b>99</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>D. GENE, KELLY</b>		DATE OF BIRTH mo / day / yr <b>1 / 3</b>		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 <input type="checkbox"/> Y <input type="checkbox"/> N FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH		BAC <b>96</b>	
STREET ADDRESS		SEX <b>1</b>		SAFT <b>3</b>		AIR <b>1</b>		PLATE NO.		STATE		YEAR		U1 <b>96</b>	
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</b>		INJURY <b>B</b>		EJECT <b>1</b>		VIN		INSURANCE CO.		U2 <b>96</b>	
TELEPHONE		DRIVER LICENSE NO.		STATE <b>IL</b>		CLASS		VEHICLE OWNER (LAST, FIRST, M.I.)		TELEPHONE		POLICY NO.		U1 <b>1</b>	
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.						U2 <b>1</b>	

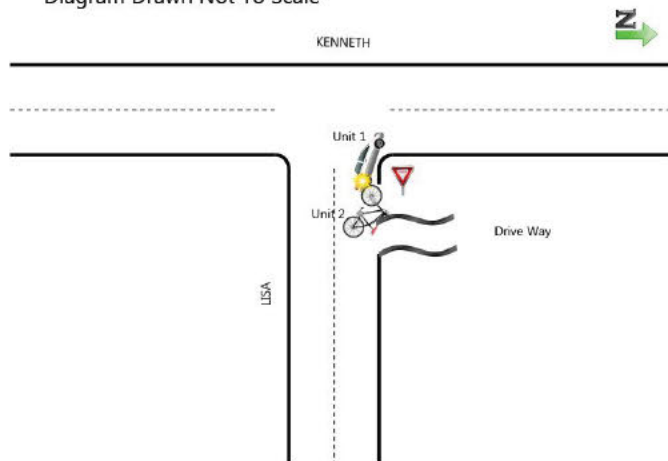
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
											U1 <b>1</b>
											U2 <b>2</b>
											U1 <b>1</b>
											U2 <b>1</b>

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		PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>18</b>			
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY <b>18</b>			
UNIT 2	1	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED <b>12/18/2014</b>		TIME NOTIFIED <b>7:53</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>8075</b>		SIGNATURE <b>Kim Givens</b>		COURT DATE			
	3	<input type="checkbox"/>			BEAT / DIST. <b>3</b>		SUPERVISOR ID. <b>Rob Raycraft, 6965</b>		COURT TIME			

**X000169982**

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 stated she was driving and in the process of turning right onto Lisa Drive from Kenneth drive when she was struck by a bicyclist on the passenger rear bumper of her vehicle. Unit 1 stated the bicyclist turned into a driveway and so she began her turn and then was struck by the bicyclist. The bicyclist stated he struck Unit 1 on the rear right fender of the vehicle with his bicycle as she was turning from Kenneth drive onto Lisa drive.

Unit 2, The bicyclist stated that he did not call for rescue at the time and spoke with the driver and thought he was O.K. Unit 2 stated he was riding a green Schwinn bicycle.

Unit 2 said he later decided to seek medical treatment the same day at Bromenn Regional Medical Center and received five staples in his left elbow, he had a minor head injury and some bruising to his left side.

**LOCAL USE ONLY**Motorist 1 Report No: **20110894357**Motorist 2 Report No: **20110894358**

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" &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 2 of 2 Sheets



IY002

\* X000169982 \*

DRAC		PEDV	TRFD	2	4	1	WEAT	DRVA		VIS	U	VEHD	U	LGHT	1	COLL	2	MANV	U	PPA	PPL	<b>IY002</b>		X000169982*
INVESTIGATING AGENCY <b>Bloomington Police Department</b>									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 type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED					AGENCY CRASH REPORT NO. <b>B14-49940</b>					TRFW <b>2</b>
ADDRESS NO.				HIGHWAY OR STREET NAME <b>KENNETH</b>								City <input checked="" type="checkbox"/> Township <input type="checkbox"/> <b>BLOOMINGTON</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH <b>12/9/2014</b>		TIME <b>2:15</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		LARS CODE <b>Desk</b>	VEHT U			
(CIRCLE) <input checked="" type="radio"/> 5 FT / MI N S E W LISA <input type="checkbox"/> AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)									COUNTY <b>MC LEAN</b>					DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE <b>Desk</b>	NO LANES U					
NAME <input 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			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 <input type="text"/>					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		2						
STREET ADDRESS					SEX SAFT AIR			PLATE NO. STATE YEAR										ALIGN U						
CITY STATE ZIP					INJURY EJECT			VIN										RSUR U						
TELEPHONE				DRIVER LICENSE NO.				STATE CLASS		VEHICLE OWNER (LAST, FIRST, M.I.)					INSURANCE CO.					VEHU U				
TAKEN TO				EMS AGENCY				OWNER ADDRESS (STREET, CITY, STATE, ZIP)					TELEPHONE POLICY NO.					RDEF U						
NAME <input 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			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 <input type="text"/>					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		99						
STREET ADDRESS					SEX SAFT AIR			PLATE NO. STATE YEAR										BAC U						
CITY STATE ZIP					INJURY EJECT			VIN																
TELEPHONE				DRIVER LICENSE NO.				STATE CLASS		VEHICLE OWNER (LAST, FIRST, M.I.)					INSURANCE CO.					U				
TAKEN TO				EMS AGENCY				OWNER ADDRESS (STREET, CITY, STATE, ZIP)					TELEPHONE POLICY NO.					NO OCCS U						
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY			(NAME) / (ADDR) / (TEL)			(HOSP)			(EMS)			U				
																				U				
																				DIRP U				
																				U				
																				U				
																				U				

(EVNO) (MOST) (EVENT) (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
				PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	PRIMARY	<b>18</b>			
1									SECONDARY	<b>18</b>		
2												
3												
1				ARREST NAME	SECTION			CITATION NO.		DATE POLICE NOTIFIED	TIME NOTIFIED	
2										<b>12/18/2014</b>	<b>7:53</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3				OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.	COURT DATE		COURT TIME		
				<b>8075</b>	<b>Kim Givens</b>	<b>3</b>	<b>Rob Raycraft, 6965</b>					



**X000169982**

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

**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 (Refer to vehicle by Unit No.)

**LOCAL USE ONLY**

Motorist Report No:

Motorist Report No:

U Color:

U Color:

U Race:

U Race:

U Towed by / to:

U Towed by / to: