

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000649508

DRAC	1	PEDV	2	TRFD	3	TRFC	4	WEAT	1	DRVA		U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	1	COLL	2	MANV	1	U1	1	U2	1	PPA	52	PPL	2
------	---	------	---	------	---	------	---	------	---	------	--	----	---	----	---	------	---	----	---	----	---	------	---	------	---	------	---	----	---	----	---	-----	----	-----	---

INVESTIGATING AGENCY Bloomington Police Department		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" 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. B16-57233		TRFW 3					
ADDRESS NO.		HIGHWAY OR STREET NAME N VETERANS PKWY		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 11/19/2016		TIME 8:35		LARS CODE		VEHT U1	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) E WASHINGTON ST		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	
<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 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 LANE, DAN M		DATE OF BIRTH 11/11/1988		MAKE LANE		MODEL LANE		YEAR 2010		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8		FRONT 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"/> * IF YES SEE SIDEBAR		ALIGN 1	
STREET ADDRESS [REDACTED]		SEX 1		SAFT 3		AIR 1		STATE IL		CLASS 1		VIN [REDACTED]		INSURANCE CO. [REDACTED]		U2 2	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY C		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		VEHU U1	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS 1		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		INSURANCE CO. [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 2	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]								U2 2	

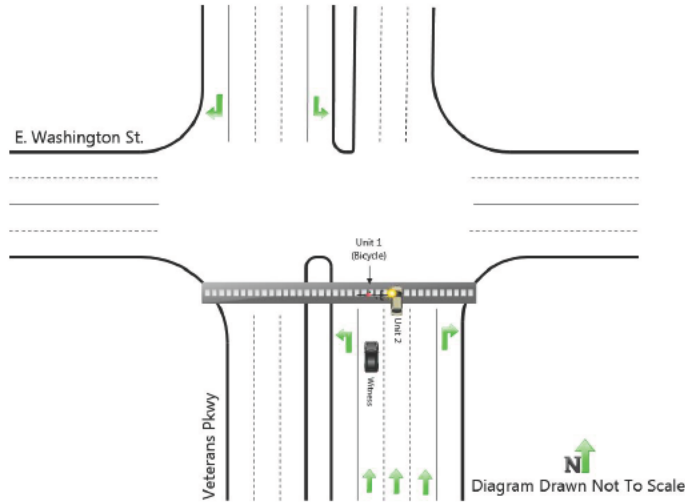
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV JAIN, KRISHAN K		DATE OF BIRTH 11/11/1988		MAKE TOYOTA		MODEL CAMRY		YEAR 2010		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8		FRONT 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"/> * IF YES SEE SIDEBAR		U2 1	
STREET ADDRESS [REDACTED]		SEX 2		SAFT 4		AIR 1		STATE IL		CLASS D		VIN [REDACTED]		INSURANCE CO. Farmers		U2 96	
CITY BLOOMINGTON		STATE IL		ZIP 61704		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) JAIN, KRISHAN K		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) JAIN, KRISHAN K		INSURANCE CO. Farmers		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U2 96	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61704		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]								U2 96	

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

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				PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY	25			
	2				ARREST NAME		SECTION		CITATION NO.	SECONDARY			02
UNIT 2	1				ARREST NAME		SECTION		CITATION NO.	DATE POLICE NOTIFIED	TIME NOTIFIED	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2				OFFICER ID.		SIGNATURE		BEAT / DIST.	SUPERVISOR ID.	COURT DATE		COURT TIME
	3				8055		Brad Buchanan		2	Edward Shumaker, 6875	12/20/2016		9:00

X000649508

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.)

Investigation, statements, and scene indicated Unit 2 had been traveling in the middle lane of northbound N. Veterans Parkway, just south of the intersection with E. Washington Street. A witness unit was in the left lane of northbound N. Veterans Parkway, also just south of the intersection with E. Washington Street. Unit 2, a bicyclist, was traveling eastbound in a crosswalk along the south side of the aforementioned intersection.

The witness unit stated, that just as northbound traffic received a green light and Unit 1 began moving forward, Unit 2 rapidly entered the intersection and ran into the side of Unit 1.

Unit 2 driver stated he had been stopped at a red light. When the light turned green and he began moving forward, the bicyclist ran into his car.

LOCAL USE ONLYMotorist 1 Report No: **20140530653**Motorist 2 Report No: **20140530654**

U1 Color:

U2 Color: **Beige**

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 _____

Narrative

Unit 1 acknowledged he entered the intersection, via the crosswalk, just as northbound traffic was given a green light. Unit 1 further acknowledged he crossed against the Do Not Cross signal.

The front of Unit 1 (bicycle) made contact with the driver's side, front quarter panel of Unit 2. Unit 1 rider complained of leg pain, but refused on-scene medical attention. No other injuries were reported.