

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



\*X000559352\*

DRAC	1	PEDV	4	TRFD	2	TRFC	4	WEAT	1	DRVA	15	VIS	1	VEHD	1	LGHT	1	COLL	2	MANV	11	PPA	64	PPL	1
U1	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 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. <b>B16-57219</b>		TRFW <b>2</b>					
ADDRESS NO.		HIGHWAY OR STREET NAME <b>CAROLINE ST</b>		<input checked="" type="checkbox"/> City <b>BLOOMINGTON</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH <b>8/5/2016</b>		TIME <b>11:31</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT <b>3</b> U1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) <b>Circle Drive</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		NUMBER MOTOR VEHICLES INVLD <b>1</b>		LARS CODE		U2 <b>16</b>	
						HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								NO LANES <b>2</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>REDMOND, DAVID G</b>		DATE OF BIRTH <b>11/11/1974</b>		MAKE <b>FORD</b>		MODEL <b>TRANSIT</b>		YEAR <b>2013</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N 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		ALIGN <b>1</b>		RSUR <b>1</b>	
STREET ADDRESS [REDACTED]		SEX <b>M</b>		SAFT <b>2</b>		AIR <b>4</b>		PLATE NO. [REDACTED]		STATE <b>IL</b>		YEAR <b>2017</b>							
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61704</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>SEMPER FI EXPRESS</b>		INSURANCE CO. <b>auto owners ins</b>								VEHU <b>98</b> U1	
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>[REDACTED] BLOOMINGTON, IL, 61701</b>		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]										U2 <b>2</b>	

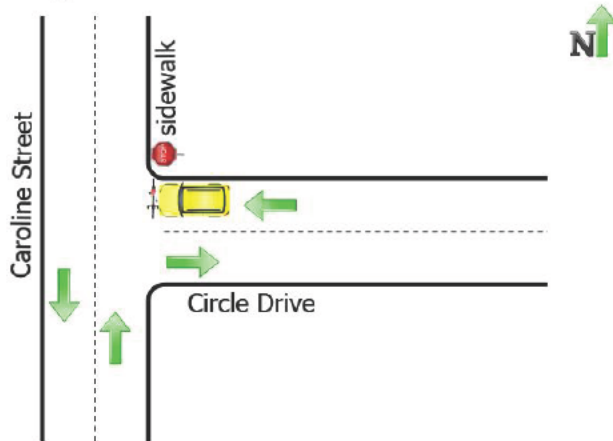
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <b>BAKER, EDWIN</b>		DATE OF BIRTH <b>11/11/1974</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 [REDACTED]		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"/> * IF YES SEE SIDEBAR		BAC <b>96</b> U1			
STREET ADDRESS [REDACTED]		SEX <b>M</b>		SAFT <b>1</b>		AIR <b>3</b>		PLATE NO.		STATE		YEAR							
CITY <b>BLOOMINGTON</b>		STATE <b>IL</b>		ZIP <b>61701</b>		INJURY <b>B</b>		EJECT <b>1</b>		VIN									
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE <b>IL</b>		CLASS <b>D</b>		VEHICLE OWNER (LAST, FIRST, M.I.)		INSURANCE CO.								U2 <b>96</b> NO. OCCS	
TAKEN TO <b>St. Joseph Hospital</b>		EMS AGENCY <b>Bloomington EMS</b>		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.										U1 <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>7</b>
												U1 <b>5</b>
												U2 <b>5</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	1	PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY <b>14</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>8/5/2016</b>		TIME NOTIFIED <b>11:31</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>8127</b>		SIGNATURE <b>Shad Wagehoft</b>		BEAT / DIST. <b>1</b>				SUPERVISOR ID. <b>Ivy Thornton, 7514</b>	
	3	<input type="checkbox"/>							COURT DATE				COURT TIME	

**X000559352**

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 two stated he was riding his bicycle west on the sidewalk parallel with Caroline. As he approached Circle Drive, he stopped his bicycle and waited for a DHL van to stop at the stop sign. The van stopped and unit two thought it was safe to continue. As unit two entered the intersection, unit one lurched forward striking unit two on his left leg pushing him forward. Unit two looked at the driver and asked what was he doing. Unit one stated he was sorry and had something in his eye. Unit one turned north onto Caroline and continued on his way. Unit two noticed his front bicycle tire was bent and his leg was bleeding. Unit two carried his bicycle home and telephone the Bloomington Police Department. Upon BPD arrival, Unit two informed me he would like to go to the hospital to get his cuts looked at since he is [REDACTED] with a low immune system. I had unit two show me where the DHL office was located and had BFD respond. Medic one arrived and eventually transported unit two to St. Joseph Hospital.

**LOCAL USE ONLY**

Motorist 1 Report No: **20140230207**

Motorist 2 Report No: **20140230208**

U1 Color: **Yellow**

U2 Color:

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

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 ☐UNK

Did HAZMAT Regulations violation contribute to the crash ?  
☐Y    ☐N    ☐UNK

Did 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"
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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

later, I was able to locate unit one at the DHL office. Unit one stated he was stopped at the intersection of Circle and Caroline when the bicyclist approached. The bicyclist entered the intersection and unit ones foot slipped off the brake when something flew into his eye. He lurched forward hitting unit two with his front bumper. According to unit one, unit two asked why he did that and unit one explained he had something in his eye and it was an accident. Unit two waved at unit one and began riding his bicycle south. Unit one continued on his route but reported the incident to his supervisor.