

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000312430

DRAC	1	PEDV	1	TRFD	1	TRFC	1	WEAT	1	DRVA	99	U1	1	U2	1	VEHD	1	U1	1	U2	1	LGHT	1	COLL	2	MANV	1	U1	23	U2	20	PPA	1	PPL	1
------	---	------	---	------	---	------	---	------	---	------	----	----	---	----	---	------	---	----	---	----	---	------	---	------	---	------	---	----	----	----	----	-----	---	-----	---

INVESTIGATING AGENCY Bloomington Police Department		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. B15-57574		TRFW 1					
ADDRESS NO. 815		HIGHWAY OR STREET NAME W. MILL ST.		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 9/11/2015		TIME 1:54		LARS CODE <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VEHT 99	
(CIRCLE) <input type="checkbox"/> FT / MI N S E W		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH		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		U1 1	

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 KINCY, PARRISH L		DATE OF BIRTH MM/DD/YYYY		MAKE KIA		MODEL RIO		YEAR 2009		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) <input checked="" type="radio"/> 00 - NONE <input type="radio"/> 10 - UNDER CARRIAGE <input type="radio"/> 11 - TOTAL (ALL AREAS) <input type="radio"/> 12 - OTHER <input type="radio"/> 99 - UNKNOWN POINT OF FIRST CONTACT 5		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"/> 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 M		SAFT 5		AIR 3		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		U2 0	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY A		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) ORRICK, WAYNE L		INSURANCE CO. Rockford Mutual		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 2		VEHU 2	
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 2		U2 2		U2 2		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 ORRICK, LEWIS E		DATE OF BIRTH MM/DD/YYYY		MAKE KIA		MODEL RIO		YEAR 2009		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) <input checked="" type="radio"/> 00 - NONE <input type="radio"/> 10 - UNDER CARRIAGE <input type="radio"/> 11 - TOTAL (ALL AREAS) <input type="radio"/> 12 - OTHER <input type="radio"/> 99 - UNKNOWN POINT OF FIRST CONTACT 5		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"/> 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 M		SAFT 2		AIR 4		PLATE NO. [REDACTED]		STATE IL		YEAR 2016		VIN [REDACTED]		U2 1	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VEHICLE OWNER (LAST, FIRST, M.I.) ORRICK, WAYNE L		INSURANCE CO. Rockford Mutual		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]	
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 96		U2 96	
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]		U1 96		U2 96		U2 96		U2 96	

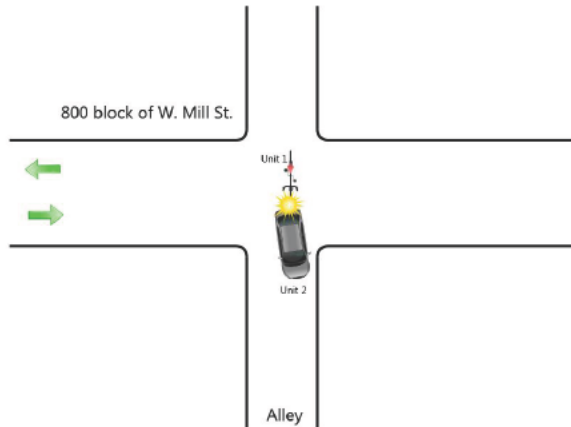
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)	(EMS)	U1	U2	DIRP	U1	U2
												1	1	5	1	1

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 type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY	18		
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY	99		
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED		TIME NOTIFIED	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID.		SIGNATURE		BEAT / DIST.		SUPERVISOR ID.	
	3	<input type="checkbox"/>			7844		Paul Swanlund		6		Rob Raycraft, 6965	

X000312430

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.)

The driver of unit 2 stated he had just pulled away from his residence in the 800 block of W. Mill St., turned his vehicle south into the alley and was backing out of the alley to turn around and travel east on Mill St. The driver of unit 2 stated he is not sure what happened. The driver of unit 2 stated he checked the area behind his vehicle prior to backing and did not see anything or anyone. The driver of unit 2 stated he heard a thump and he stopped the vehicle he was operating. The driver of unit 2 stated he exited his vehicle and discovered a bicyclist laying on the ground directly behind his vehicle. The driver of unit 2 stated the front tire of the bicycle was pointed west and the driver was laying down on the ground with his head pointed towards the west. The driver of unit 2 stated based on the position of the bicycle and the bicyclist, he believed the bicyclist had been traveling west on Mill St. The driver of unit 2 stated he was looking towards the direction the bicyclist should have been coming from and never saw him.

LOCAL USE ONLYMotorist 1 Report No: **20140417509**Motorist 2 Report No: **20140418317**U1 Color: **Blue**U2 Color: **Silver, Aluminum**U1 Race: **B**U2 Race: **W**U1 Towed by / to: **refused**U2 Towed by / to: **refused****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

The operator of unit 1 stated he was traveling south through the alley and was north of Mill St. The operator of unit 1 stated he saw unit 2 backing out of the alley. The operator of unit 1 stated he yelled at the driver of unit 2, but the driver must not have heard him yelling.

I asked the operator of unit 1 if the brakes were operational on his bike. The operator of unit 1 stated they were. It should be noted, I tested the brakes on unit 1 and they seemed to be functioning properly. I asked the operator of unit 1 why he did not stop, prior to hitting unit 2, if he saw unit 2 backing out of the alley. This is when the operator of unit 1 moaned in pain and stated he does not remember a lot about what happened.

There was no damage to either unit 1 or unit 2. Upon inspection of unit 2, I could vaguely see what I believed to be the bicycle's tire marks on the rear bumper. However, unit 1 sustained no damage.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X000325892

DRAC	1	PEDV	1	TRFD	2	TRFC	4	WEAT	1	DRVA	3	U1	1	U2	99	U1	1	U2	1	VEHD	1	U1	1	U2	1	LTGT	5	COLL	2	MANV	1	U1	1	U2	1	PPA	64	PPL	1
------	---	------	---	------	---	------	---	------	---	------	---	----	---	----	----	----	---	----	---	------	---	----	---	----	---	------	---	------	---	------	---	----	---	----	---	-----	----	-----	---

INVESTIGATING AGENCY Bloomington Police Department		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. B15-57958		TRFW 8					
ADDRESS NO. _____		HIGHWAY OR STREET NAME WASHINGTON STREET		<input checked="" type="checkbox"/> City BLOOMINGTON		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 9/17/2015		TIME 8:58		LARS CODE <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VEHT 99	
(CIRCLE) _____ FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) _____ ALLIN STREET (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 15	

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 DAVIS, DEVON L		DATE OF BIRTH mo / day / yr 11 / 11 / 1999		MAKE CHRYSLER		MODEL PACIFICA		YEAR 2006		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		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		ALIGN 1					
STREET ADDRESS _____		SEX B		SAFT 5		AIR 3		PLATE NO. _____		STATE IL		YEAR 2016		INJURY O		EJECT 1		VIN _____		VEHU 2	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY B		EJECT 1		VIN _____		VEHU 2		U1 1		U2 2		U3 2			
TELEPHONE _____		DRIVER LICENSE NO. N/A		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) DOLAN, JENNIFER		INSURANCE CO. STATE FARM		TELEPHONE _____		POLICY NO. _____		U1 1		U2 2			
TAKEN TO Advocate BroMenn Hospital		EMS AGENCY Bloomington EMS		OWNER ADDRESS (STREET, CITY, STATE, ZIP) _____		TELEPHONE _____		POLICY NO. _____		U1 1		U2 2		U3 2		U4 2		U5 2			

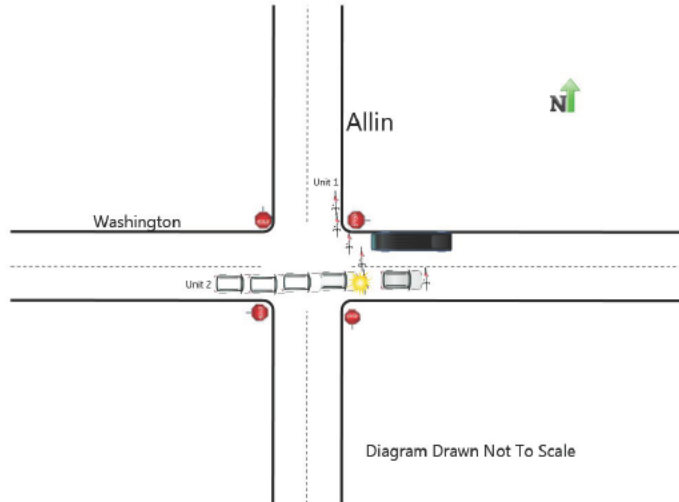
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV DOLAN, JENNIFER		DATE OF BIRTH mo / day / yr 11 / 11 / 1999		MAKE CHRYSLER		MODEL PACIFICA		YEAR 2006		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		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		BAC 96					
STREET ADDRESS _____		SEX F		SAFT 2		AIR 4		PLATE NO. _____		STATE IL		YEAR 2016		INJURY O		EJECT 1		VIN _____		VEHU 2	
CITY BLOOMINGTON		STATE IL		ZIP 61701		INJURY O		EJECT 1		VIN _____		VEHU 2		U1 1		U2 2		U3 2			
TELEPHONE _____		DRIVER LICENSE NO. 3		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) DOLAN, JENNIFER		INSURANCE CO. STATE FARM		TELEPHONE _____		POLICY NO. _____		U1 1		U2 2			
TAKEN TO Refused		EMS AGENCY Refused		OWNER ADDRESS (STREET, CITY, STATE, ZIP) _____		TELEPHONE _____		POLICY NO. _____		U1 1		U2 2		U3 2		U4 2		U5 2			

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
W			M					ABRAMS, ARTHUR L, _____ BLOOMINGTON, IL, 61704 / _____			1
W			F					DAVIS, WENDY L, _____ BLOOMINGTON, IL, 61701 / _____			5
W			M					MARTIN, PAUL, _____ BLOOMINGTON, IL, 61701 / N/A			3

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 30	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 23			
	2	<input type="checkbox"/>			ARREST NAME		SECTION CITATION NO.		SECONDARY 15			
UNIT 2	1	<input checked="" type="checkbox"/>	13	1	ARREST NAME		SECTION CITATION NO.		DATE POLICE NOTIFIED 9/17/2015		TIME NOTIFIED 8:58	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			OFFICER ID. 10707		SIGNATURE Joseph Rizzi		BEAT / DIST. 1		SUPERVISOR ID. Edward Shumaker, 6875	
	3	<input type="checkbox"/>			COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM					

X000325892

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.)

Driver of Unit 2 was traveling eastbound on Washington at Allin. Unit 2 was stopped at the stop sign. Unit 2 proceeded through the intersection. As Unit 2 crossed through the intersection, Unit 1 drove out in front of Unit 2. Unit 2 made contact with Unit 1 east of the cross walk in the street. Unit 2 stated Unit 1 was not in the cross walk and came out of nowhere.

Unit 1 was driving his bicycle southbound on Allin. Unit 1 stated he did not come to a complete stop at the stop sign and went through the intersection. Unit 1 stated he started to drive across the street on the east side of the cross walk.

Unit 1's mother, Wendy Davis, who was driving in a separate vehicle and was stopped next to Unit 1, stated that Unit 1 stopped completely at the stop sign. Wendy stated she

LOCAL USE ONLY

Motorist 1 Report No:

Motorist 2 Report No: **20140045144**

U1 Color:

U2 Color: **White**U1 Race: **B**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 _____

Narrative

told Unit 1 it was okay to cross. Wendy cleared the intersection and heard Unit 1 yell.

Arthur Abrams (witness) was in his Connect Transit Bus. Arthur was stopped on westbound Washington at Allin. Arthur stated he was going to travel through the intersection, however, he could not as Unit 1 went through the stop sign without stopping and without warning and crossed the intersection.

On 10/01/15, I was able to secure the video from Arthur's Connect Transit Bus. The video shows Arthur's bus behind an unknown vehicle. The vehicle in front of the bus stops at a stop sign (Westbound Washington at Allin). The vehicle then proceeds through the intersection. Unit 2 can also be seen on the video. Unit 2 stops the same time as the vehicle in front of the bus. Unit 2 proceeds through the intersection the same time as the bus.

As the vehicle in front of the bus proceeds westbound, Unit 1 travels south across Allin in between the bus and the vehicle in front of the bus. The vehicle in front of the bus had just began to pull through the intersection after stopping. Unit 1 proceeds across the intersection and in front of Unit 2 as Unit 2 makes it through the intersection. It appeared as though Unit 2 had the right of way. The video appears to back up Arthur's statement.

I have created a Bloomington Police EJS Report (201513949) to place the video into Standard Evidence Locker #8.