

ILLINOIS TRAFFIC CRASH REPORT

Sheet **1** of **1** Sheets



IY002



X000400545

DRAC 1 U1	PEDV 1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 16	VIS 1 U2	VIS 1 U1	VEHD 1 U1	VEHD 1 U2	LGHT 1	COLL 10	MANV 3 U1	MANV 1 U2	PPA	PPL
------------------------	------------------------	------------------	------------------	------------------	-------------------	-----------------------	-----------------------	------------------------	------------------------	------------------	-------------------	------------------------	------------------------	-----	-----

INVESTIGATING AGENCY Bloomington Police Department	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 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. B16-56957	TRFW 8
ADDRESS NO.	HIGHWAY OR STREET NAME OAKLAND AVE	<input checked="" type="checkbox"/> City BLOOMINGTON	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 1/7/2016	TIME 4:35
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) WATERFORD ESTATES DR (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 2

UNIT 1

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 REEDER, NICHOLAS L	DATE OF BIRTH mo / day / yr [REDACTED]	MAKE MITSUBISHI	MODEL ENDEAVER	YEAR 2004	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 8	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FRONT REAR 	ALIGN 1
STREET ADDRESS [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F SAFT <input checked="" type="checkbox"/> AIR <input type="checkbox"/> 2 8	PLATE NO. [REDACTED]	STATE IL	YEAR 2016	POINT OF FIRST CONTACT 8	FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/>	RSUR 1	
CITY BLOOMINGTON	STATE IL	ZIP 61704	INJURY C	EJECT 1	VIN [REDACTED]	INSURANCE CO. Country Financial	VEHU 2	
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) REEDER, ROBERT E	INSURANCE CO. Country Financial	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	
TAKEN TO St. Joseph Hospital	EMS AGENCY Bloomington EMS	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	U1	U2	NO. OCCS 1	

UNIT 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 HAMPTON, LINDA M	DATE OF BIRTH mo / day / yr [REDACTED]	MAKE CHEVROLET	MODEL IMPALA	YEAR 2003	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 1	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FRONT REAR 	DEF 1
STREET ADDRESS [REDACTED]	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F SAFT <input type="checkbox"/> AIR <input type="checkbox"/> 2 5	PLATE NO. [REDACTED]	STATE IL	YEAR 2016	POINT OF FIRST CONTACT 1	FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/>	BAC 96	
CITY BLOOMINGTON	STATE IL	ZIP 61704	INJURY C	EJECT 1	VIN [REDACTED]	INSURANCE CO. Liberty Mutual	U1	
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) JUERS, JOHN R	INSURANCE CO. Liberty Mutual	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	
TAKEN TO St. Joseph Hospital	EMS AGENCY Bloomington EMS	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	U2	NO. OCCS 1		

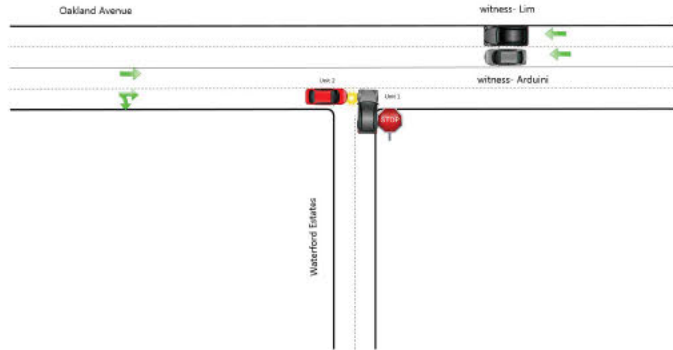
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	[REDACTED]	[REDACTED]	2	5	A	1	HAMPTON, AMANDA D, [REDACTED]	St. Joseph Hospital	Bloomington EMS
W								LIM, MELODY M, [REDACTED]		
W								ARDUINI, ANDREA L, [REDACTED]		

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"/>	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 02		
	2	<input type="checkbox"/>			ARREST NAME REEDER, NICHOLAS L	SECTION 11-902	CITATION NO. 256311	SECONDARY 99	
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED	TIME NOTIFIED
	2	<input type="checkbox"/>			OFFICER ID. 8099	SIGNATURE Jerimiah Liebendorfer	BEAT / DIST. 4	SUPERVISOR ID. Tim McCoy, 5428	1/7/2016 4:35
	3	<input type="checkbox"/>						COURT DATE 2/23/2016	COURT TIME 9:00

X000400545

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 **IN**



NARRATIVE (Refer to vehicle by Unit No.)

Unit #1 was stopped at the stop sign on Waterford Estates waiting to make a left hand turn onto Oakland Avenue. Unit #1 stated he started his left hand turn and didn't see Unit #2, who was traveling westbound on Oakland Avenue in the right hand lane, and pulled directly in front of Unit #2's travel.

Unit #2 had right of way.

Unit #2 stated she was traveling westbound on Oakland Avenue in the right hand lane.

Unit #2 stated the last thing she remembers is Unit #1 pulling out in front of her. Unit #2 stated she wasn't able to avoid the collision.

Both witness's Lim and Arduini stated the following:

LOCAL USE ONLY

Motorist 1 Report No: **20140418468**

Motorist 2 Report No: **20140418469**

U1 Color: Gray	U2 Color: Red	U1 Race: W	U2 Race: W
U1 Towed / to: Joes Towing		U2 Towed / to: Joes Towing	

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 N

MCS 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 _____

