

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X001442259

DRAC 2 U1	PEDV 10 U2	TRFD 1	TRFC 1	WEAT 3	DRVA 16	U2 1	VIS 1 U1	VEHD 13 U2	16 U1	16 U2	5	9	1 U1	21 U2	PPA	PPL
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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		AGENCY CRASH REPORT NO. B19-61875		TRFW 7			
ADDRESS NO. 1504		HIGHWAY OR STREET NAME MORRISSEY DR		CITY BLOOMINGTON		DATE OF CRASH 1/25/2019		TIME 8:11	LARS CODE	VEHT 15 U1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY MC LEAN		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 1/25/2019	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LARS CODE	VEHT 16 U2
DRIVING WITH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		HIT & RUN <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		LARS CODE		NO. LANES 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 BRUNING, KAREN S		DATE OF BIRTH 1/1/1973	MAKE FORD	MODEL EXPLORER	YEAR 2013	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ALIGN 1	
	STREET ADDRESS [REDACTED]		SEX F	SAFT 2	AIR 3	PLATE NO. [REDACTED]	STATE IL		YEAR 2019	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	CITY BLOOMINGTON		STATE IL	ZIP 61705	INJURY O	EJECT 1	VIN 1FM5K8D82DGC87039		INSURANCE CO. Country	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) BRUNING, KAREN S		INSURANCE CO. Country	* IF YES SEE SIDEBAR	
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] BLOOMINGTON, IL, 61705		TELEPHONE [REDACTED]	POLICY NO. [REDACTED]			RSUR 3	

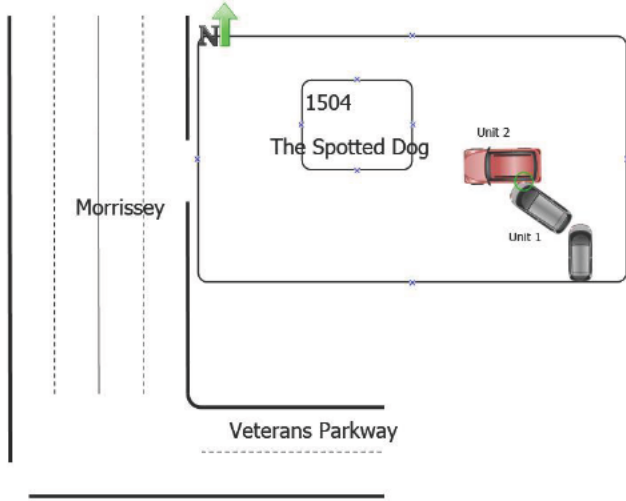
UNIT 2	NAME <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV		DATE OF BIRTH 1/1/1973	MAKE INTERNATIONAL	MODEL AMBULANCE	YEAR 2018	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 6		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DEF 1	
	STREET ADDRESS [REDACTED]		SEX F	SAFT 2	AIR 3	PLATE NO. 673307AM	STATE IL		YEAR 2019	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	CITY BLOOMINGTON		STATE IL	ZIP 61705	INJURY O	EJECT 1	VIN 1HTMNNMM2JH531620		INSURANCE CO. Underwriters at Lloyd's London	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) CITY OF BLOOMINGTON		INSURANCE CO. Underwriters at Lloyd's London	* IF YES SEE SIDEBAR	
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 109 E OLIVE ST BLOOMINGTON, IL, 61701		TELEPHONE [REDACTED]	POLICY NO. [REDACTED]			BAC 97	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	7	[REDACTED]	M	1	3	O	1	FRIEND, FRANK, [REDACTED] BLOOMINGTON, IL, 61701 / [REDACTED]		
2	7	[REDACTED]	M	1	3	O	1	KLEINFELTER, KYLE [REDACTED] BLOOMINGTON, IL, 61701 / [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"/>	18	5	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 08			
	2	<input type="checkbox"/>			ARREST NAME BRUNING, KAREN S	SECTION 11-501A2	CITATION NO. 268868	SECONDARY 08		
UNIT 2	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	1	<input checked="" type="checkbox"/>	11	5	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 08			
	2	<input type="checkbox"/>			ARREST NAME BRUNING, KAREN S	SECTION 11-501A1	CITATION NO. 268869	DATE POLICE NOTIFIED 1/25/2019		
	3	<input type="checkbox"/>			OFFICER ID. 5562	SIGNATURE Erik Yamada	BEAT / DIST. 5	SUPERVISOR ID. Edward Shumaker, 6875	COURT DATE 3/5/2019	COURT TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

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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 1 driver said she was trying to back into a parking space and hit the left rear tire well on Unit 2. Unit 2 ambulance was talking to a patient in the back of Unit 2 firemen felt something hit the side of Unit 2. Fireman Kleinfelter exited Unit 2 and spoke to the driver of Unit 1. Fireman Kleinfelter said Unit 1 driver asked if they would move but told Unit 1 driver the police needed to be called. No injuries. See EJS Report.

LOCAL USE ONLY

Motorist 1 Report No: **00000**

N 40.4609

Motorist 2 Report No: **00000**

W -88.9708

U1 Color: **Gray**

U2 Color: **Red**

U1 Race: **W**

U2 Race:

U1 Towed / to: **Joess Towing**

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 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 _____