

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



IY003

X002271726

DRAC 9 1 TRFD 2 TRFC 4 WEAT 1 DRVA 3 VIS 1 1 VEHD 1 1 LGHT 1 COLL 15 MANV 1 1

INVESTIGATING AGENCY: Quincy Police Department IL. DAMAGE TO ANY ONE PERSONS: \$500 OR LESS. TYPE OF REPORT: ON SCENE. AGENCY CRASH REPORT NO.: 12988. TRFW: 14.

ADDRESS NO.: N 12TH ST. HIGHWAY OR STREET NAME: Kochs Ln. COUNTY: ADAMS. INTERSECTION RELATED: Y. DATE OF CRASH: 6/15/2021. TIME: 6:49.

DRIVER: MILLER, JOSHUA K. MAKE: CHEVROLET. MODEL: EQUINOX. YEAR: 2011. CIRCLE NUMBER(S): 11, 12, 13, 14, 15, 16, 17, 18, 19.

CITY: QUINCY. STATE: IL. ZIP: 62301. SEX: M. SAFT: 2. AIR: 8. AUTOMATION SYSTEM: UNK. LEVEL IN VEH.: 9. LEVEL ENGAGED AT CRASH: 9.

PLATE NO.: Y835844. STATE: IL. YEAR: 2022. POINT OF FIRST CONTACT: 12. TOWED DUE TO CRASH: Y. FIRE: Y. DISTRACTED: Y. COM VEH: Y.

EMERGENCY: Adams County Ambulance Service. HOSPITAL (TAKEN TO): Blessing Hospital. INCIDENT RESPONDER: Y.

DRIVER: REBMAN, HEMA. MAKE: TOYOTA. MODEL: SEQUOIA. YEAR: 2019. CIRCLE NUMBER(S): 11, 12, 13, 14, 15, 16, 17, 18, 19.

CITY: GOLDEN. STATE: IL. ZIP: 62339. SEX: F. SAFT: 2. AIR: 4. AUTOMATION SYSTEM: UNK. LEVEL IN VEH.: 9. LEVEL ENGAGED AT CRASH: 9.

PLATE NO.: BU28361. STATE: IL. YEAR: 2021. POINT OF FIRST CONTACT: 3. TOWED DUE TO CRASH: Y. FIRE: Y. DISTRACTED: Y. COM VEH: Y.

EMERGENCY: Adams County Ambulance Service. HOSPITAL (TAKEN TO): Blessing Hospital. INCIDENT RESPONDER: Y.

PASSENGERS & WITNESSES ONLY. (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPH) (NAME) / (ADDR) / (TEL) (HOSP) (EMS)

W 1984 F. PASSENGERS & WITNESSES ONLY. (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPH) (NAME) / (ADDR) / (TEL) (HOSP) (EMS)

DAMAGED PROPERTY OWNER NAME. DAMAGED PROPERTY. POLICE NOTIFIED: 6/15/2021. TIME: 6:49.

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP. PRIMARY: 23. SECONDARY: 18. EMS NOTIFIED. TIME: 6:49.

CITATIONS ISSUED: MILLER, JOSHUA K. SECTION: 3-707. CITATION NO.: 20666. EMS ARRIVED. TIME: 6:49.

CITATIONS ISSUED: MILLER, JOSHUA K. SECTION: 6-303. CITATION NO.: 20667. ROAD CLEARANCE. TIME: 9:00.

OFFICER ID: 125. SIGNATURE: MEGAN DOLBEARE. BEAT / DIST. SUPERVISOR ID: JEFF NEVIN, 257. COURT DATE: 8/12/2021. TIME: 9:00.

Workers present? Y. #OCCS: 1. #OCCS: 1. #OCCS: 1. #OCCS: 1.

WORKERS PRESENT? Y. #OCCS: 1. #OCCS: 1. #OCCS: 1. #OCCS: 1.

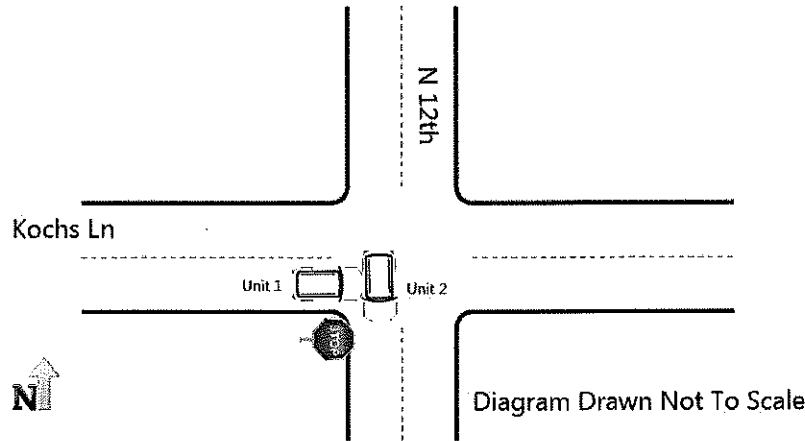
UNIT 1

UNIT 2

TRFW 14, VEHT 15, #LNS 1, U1 1, U2 1, ALIGN 1, U1 1, U2 1, RSUR 1, VEHU 2, U1 2, U2 0, SPDR 0, U1 0, U2 0, RDEF 1, BAC 995, U1 996, U2 1, #OCCS 1, U1 1, U2 3, U1 5, U2 30, U1 30, U2 30.

X002271726

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 #)

Unit 1 was travelling eastbound on Kochs Ln when he failed to stop at the stop sign at N 12th, striking Unit 2, who was travelling southbound on N 12th. Unit 1 driver was issued citations for Operating Uninsured Vehicle, Driving Revoked and Failure to Obey Stop sign and was released on a Notice to Appear. See General Offense Report for additional details.

LARGE TRUCK, BUS, OR HM VEHICLE

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 _____

MOTOR CARR. ID Interstate Intrastate
 Not In Comm./Govt. Not In Comm./Other

USDOT NO. _____ ILLCC NO. _____

Source of above Side of Truck Papers Driver Log Book
 GVWR/GCWR <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No

If yes, name on placard _____
 4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Yes No Unknown Out of Service Yes No
 MCS Yes No Unknown Out of Service Yes No

Form Number _____

IDOT PERMIT NO. _____ WDELOAD? Y N

TRAILER VIN 1 _____

TRAILER VIN 2 _____

| | | | |
|------------------|--------------------------|--------------------------|--------------------------|
| TRAILER WIDTH(S) | 0 - 96" | 97 - 102" | > 102" |
| TRAILER 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRAILER 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

LOCAL USE ONLY

U1 Race: **W** U2 Race: **U**

| | | | | | |
|--|-------------------------|--|-----------|----------------------|-----------|
| U1 COLOR White | U2 COLOR Gray | U1 Drug 1 000 | U1 Drug 2 | U2 Drug 1 000 | U2 Drug 2 |
| U1 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 3 | U1 TOWED <input checked="" type="checkbox"/> / TO: Dans | | | |
| U2 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 2 | U2 TOWED BY / TO: | | | |

X002271726

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

LARGE TRUCK, BUS, OR HM VEHICLE

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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

NARRATIVE (refer to vehicle by unit #)

CITY/STATE/ZIP
MOTOR CARR. ID
Interstate
Intrastate
Not In Comm./Govt.
Not In Comm./Other
USDOT NO.
ILLCC NO.
Source of above
Side of Truck
Papers
Driver
Log Book
GWR/GCWR
<10,000
10,000 - 26,000
>26,000
Were HAZMAT placards on vehicle?
Yes
No
If yes, name on placard
4 digit UN NO.
1 digit Hazard Class NO.
Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)?
Yes
No
Unknown
Did HAZMAT Regulations violation contribute to the crash?
Yes
No
Unknown
Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?
Yes
No
Unknown
Was a Driver/Vehicle Examination Report form completed?
HAZMAT
Yes
No
Unknown
Out of Service
Yes
No
MCS
Yes
No
Unknown
Out of Service
Yes
No
Form Number

LOCAL USE ONLY
U Race:
U Race:

IDOT PERMIT NO.
WDELOAD?
Y
N
TRAILER VIN 1
TRAILER VIN 2
TRAILER WIDTH(S)
0 - 96"
97 - 102"
> 102"
TRAILER 1
TRAILER 2
TRAILER LENGTH(S) 1
ft
2
ft
TOTAL VEHICLE LENGTH
ft
NO. OF AXLES

Table with columns for U COLOR, U Drug 1, U Drug 2, U TOWED DUE TO, and DAMAGE EXTENT.

SELECT CODES FROM BACK OF CRASH BOOKLET
VEHICLE CONFIG.
CARGO BODY TYPE
LOAD TYPE

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002273120

DRAC 1 1 TRFD 1 1 TRFC 1 1 WEAT 1 DRVA 8 1 VIS 1 1 VEHD 1 1 LGHT 1 COLL 12 MANV 13 1

INVESTIGATING AGENCY: Quincy Police Department IL. DAMAGE TO ANY ONE PERSONS: \$501 - \$1,500. TYPE OF REPORT: A No Injury / Drive Away. AGENCY CRASH REPORT NO.: 13002. DATE OF CRASH: 6/15/2021. TIME: 11:17.

ADDRESS NO.: [REDACTED]. HIGHWAY OR STREET NAME: MAINE STREET. CITY: QUINCY. COUNTY: ADAMS. INTERSECTION RELATED: [REDACTED]. DATE OF CRASH: 6/15/2021. TIME: 11:17.

DRIVER: RENECKER, BRADLEY W. MAKE: JEEP. MODEL: CHEROKEE. YEAR: 2013. CITY: BARRY. STATE: IL. ZIP: 62312. PLATE NO.: Z138922. STATE: IL. YEAR: 2021.

EMERGENCY CONTACT: [REDACTED]. HOSPITAL (TAKEN TO): Refused. INCIDENT RESPONDER: [REDACTED].

DRIVER: IRIARTE, RYOICHI. MAKE: NISSAN. MODEL: PATHFINDER. YEAR: 2006. CITY: QUINCY. STATE: IL. ZIP: 62305. PLATE NO.: AC75000. STATE: IL. YEAR: 2022.

EMERGENCY CONTACT: Adams County Ambulance Service. HOSPITAL (TAKEN TO): Refused. INCIDENT RESPONDER: [REDACTED].

PASSENGERS & WITNESSES ONLY. (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT) (NAME) (ADDR) (TEL) (HOSP) (EMS)

Table with 10 columns: (EVNO), (MOST), (EVNT), (LOC), DAMAGED PROPERTY OWNER NAME, DAMAGED PROPERTY, POLICE NOTIFIED, TIME, Did crash occur in a Work Zone?, EMS NOTIFIED, TIME, If YES check one below: Construction, Maintenance, Utility, Unknown work zone type.

UNIT 1: (EVNO) 1, (EVNT) 11, (LOC) 1. DAMAGED PROPERTY OWNER NAME: RENECKER, BRADLEY W. ARREST NAME: RENECKER, BRADLEY W. SECTION: 11-709. CITATION NO.: 21514.

UNIT 2: (EVNO) 1, (EVNT) 11, (LOC) 1. ARREST NAME: [REDACTED]. OFFICER ID.: 120. SIGNATURE: MICHAEL CIRINCIONE. BEAT / DIST.: [REDACTED]. SUPERVISOR ID.: JEFF NEVIN, 257. COURT DATE: 7/8/2021. TIME: 9:00.

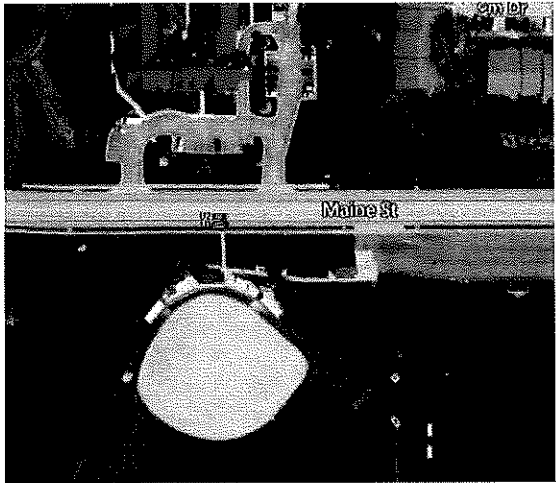
UNIT 1

UNIT 2

TRFW 1, VEHT 15, U1 15, U2 15, #LNS 4, U1 4, U2 4, ALIGN 2, U1 2, U2 2, RSUR 1, U1 98, U2 2, SPDR 0, U1 0, U2 0, RDEF 1, U1 996, U2 996, #OCCS 1, U1 1, U2 1, DIRP 3, U1 3, U2 3, SLMT 35, U1 35, U2 35.

X002273120

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



LARGE TRUCK, BUS, OR HM VEHICLE

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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

MOTOR CARR. ID
USDOT NO.
Source of above
GWWR/GCWR

Were HAZMAT placards on vehicle?
If yes, name on placard
4 digit UN NO.

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)?

Did HAZMAT Regulations violation contribute to the crash?

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?

Was a Driver/Vehicle Examination Report form completed?

HAZMAT
MCS
Form Number

IDOT PERMIT NO.
WDELOAD?

TRAILER VIN 1
TRAILER VIN 2

TRAILER WIDTH(S)
TRAILER 1
TRAILER 2

TRAILER LENGTH(S) 1
TOTAL VEHICLE LENGTH
NO. OF AXLES

SELECT CODES FROM BACK OF CRASH BOOKLET
VEHICLE CONFIG.
CARGO BODY TYPE
LOAD TYPE

NARRATIVE (refer to vehicle by unit #)

Unit 1 was traveling east on Maine past Holiday Dr. Unit 2 was also traveling east on Maine Street past Holiday Dr. The driver of unit 1 said he was in the south lane of Maine Street and started to change lanes to the north lane traveling east. The driver of unit 1 said he did not see unit 2. Unit 1 struck unit 2 Unit 2 was traveling east on Maine in the north lane. The driver of unit 2 advised he was traveling east on Maine in the north lane when unit 1 changed lanes and struck him. The driver of unit 1 advised the accident took place after Holiday drive but before the parking lot to the east of The Boots Busch Baseball field based on his statement.

LOCAL USE ONLY

U1 Race: U2 Race: U

Table with columns for U1 COLOR (Black), U2 COLOR (Blue), U1 Drug 1 (000), U1 Drug 2, U2 Drug 1 (000), U2 Drug 2, U1 TOWED DUE TO, U2 TOWED DUE TO, DAMAGE EXTENT, U1 TOWED BY / TO, U2 TOWED BY / TO.

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002274146

| | | | | | | | | | | | | | | | |
|------------------------|----------------|------------------|------------------|------------------|------------------------|----------------|----------------|-----------------------|----------------|------------------------|----------------|------------------|-------------------|------------------------|----------------|
| DRAC 1 U1 | 1 U2 | TRFD 2 | TRFC 4 | WEAT 1 | DRVA 2 U2 | 1 U1 | 1 U2 | VIS 1 U1 | 1 U2 | VEHD 1 U1 | 1 U2 | LGHT 1 | COLL 15 | MANV 1 U1 | 1 U2 |
|------------------------|----------------|------------------|------------------|------------------|------------------------|----------------|----------------|-----------------------|----------------|------------------------|----------------|------------------|-------------------|------------------------|----------------|

| | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|--|---|--|--|-------------------------|------------------------|
| INVESTIGATING AGENCY Quincy Police Department IL | | 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 | | YR 21 | AGENCY CRASH REPORT NO. 13106 | TRFW 2 | | | |
| ADDRESS NO. | | HIGHWAY OR STREET NAME 16TH ST | | City QUINCY | | Township | | INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | DATE OF CRASH 6/16/2021 | | TIME 2:54 | SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | VEHT 1 U1 |
| (CIRCLE) <input type="checkbox"/> FT / MI N S E W | | (CIRCLE) Oak St. | | COUNTY ADAMS | | PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> N | | # OF MOTOR VEHICLES INVLD 2 | | FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW | | # LNS 2 U2 | |

UNIT 1

| | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|---------------------------------|--|---|--|---|--|--|--|---|--|
| <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV HECK, SAMANTHA M NAME (LAST, FIRST, M) | | BIRTH 1988 mo / day / yr | | MAKE CHEVROLET | | MODEL IMPALA | | YEAR 2010 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN | | FRONT 11 12 1 10 TOP 2 9 16 3 8 6 4 7 REAR 5 | | TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR | | U1 2 U2 2 ALIGN 1 U1 1 U2 1 RSUR 1 VEHU 2 U1 2 U2 2 SPDR 0 U1 0 U2 0 RDEF 1 BAC 996 U1 996 U2 996 # OCCS 2 U1 1 U2 5 U1 3 U2 30 U1 30 U2 30 | |
| SEX F SAFT 2 AIR 4 AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK | | INJ O EJCT 1 EPTH 0 PLATE NO. CJ86826 STATE IL YEAR 2021 | | STATE IL CLASS D CDL ID 2G1WC5EM6A1232658 | | LEVEL IN VEH. LEVEL ENGAGED AT CRASH | | POINT OF FIRST CONTACT 1 | | EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | HOSPITAL (TAKEN TO) | | INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | HOSPITAL (TAKEN TO) | |

UNIT 2

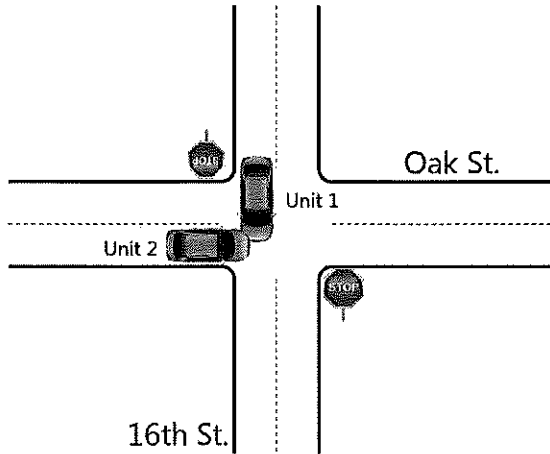
| | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|----------------------------------|--|---|--|---|--|--|--|---|--|
| <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV NUTTELMAN, HEATHER K NAME (LAST, FIRST, M) | | BIRTH 1975 mo / day / yr | | MAKE HONDA | | MODEL ODYSSEY | | YEAR 2013 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN | | FRONT 11 12 1 10 TOP 2 9 14 3 8 6 4 7 REAR 5 | | TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR | | U1 2 U2 2 ALIGN 1 U1 1 U2 1 RSUR 1 VEHU 2 U1 2 U2 2 SPDR 0 U1 0 U2 0 RDEF 1 BAC 996 U1 996 U2 996 # OCCS 2 U1 1 U2 5 U1 3 U2 30 U1 30 U2 30 | |
| SEX F SAFT 2 AIR 4 AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK | | INJ O EJCT 1 EPTH 0 PLATE NO. TOFALL7 STATE IL YEAR 2022 | | STATE IL CLASS D CDL ID 5FNRL5H69DB073458 | | LEVEL IN VEH. LEVEL ENGAGED AT CRASH | | POINT OF FIRST CONTACT 11 | | EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | HOSPITAL (TAKEN TO) | | INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | HOSPITAL (TAKEN TO) | |

| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJCT) | (EPTH) | PASSENGERS & WITNESSES ONLY | (NAME) / (ADDR) / (TEL) | (HOSP) | (EMS) |
|----------|----------|-------------|----------|----------|----------|----------|----------|----------|-----------------------------|-------------------------|--------|-------|
| 1 | 3 | 1989 | M | 2 | 4 | O | 1 | 0 | | | | |

| | | | | | | | | | | |
|--------|--------|-------------------------------------|-----------|----------|---|---------------------------------|-------------------------------------|--|---|---|
| UNIT 1 | (EVND) | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY | POLICE NOTIFIED 6/16/2021 | TIME 2:54 | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| | 1 | <input checked="" type="checkbox"/> | 11 | 4 | PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP | PRIMARY 02 | SECONDARY 23 | EMS NOTIFIED | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type |
| | 2 | <input type="checkbox"/> | | | | | | EMS ARRIVED | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| UNIT 2 | 1 | <input checked="" type="checkbox"/> | 11 | 4 | <input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING HECK, SAMANTHA M ARREST NAME | SECTION 11-1204(B) | CITATION NO. 7135 | ROAD CLEARANCE 6/16/2021 | TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| | 2 | <input type="checkbox"/> | | | ARREST NAME OFFICER ID. 178 | SIGNATURE KEVIN PAVON | BEAT / DIST. | SUPERVISOR ID. JEFF NEVIN, 257 | COURT DATE 7/21/2021 | TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| | 3 | <input type="checkbox"/> | | | | | | | | |

X002274146

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 #)
 On 6/16/21 at 1454 hours, Unit 1 was southbound on 16th St. approaching a stop sign at the intersection of 16th/Oak St. Unit 2 was eastbound on Oak St. approaching the same intersection with no stop sign for eastbound and westbound traffic. Unit 1 failed to come to a complete stop at the stop sign and proceeded into the intersection, colliding with Unit 2. Unit 1 was issued a citation for Disregarding a Stop Sign and bonded on Promise to Comply.

LOCAL USE ONLY

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

| | | | | | |
|--|---------------------------|---|-----------|----------------------|-----------|
| U1 COLOR White | U2 COLOR Dark Blue | U1 Drug 1 000 | U1 Drug 2 | U2 Drug 1 000 | U2 Drug 2 |
| U1 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 3 | U1 TOWED <input checked="" type="checkbox"/> TO: Peters Towing | | | |
| U2 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 3 | U2 TOWED <input checked="" type="checkbox"/> TO: Peters Towing | | | |

LARGE TRUCK, BUS, OR HM VEHICLE

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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 _____
 MOTOR CARR. ID Interstate Intrastate
 Not In Comm./Govt. Not In Comm./Other

USDOT NO. _____ ILLCC NO. _____
 Source of above Side of Truck Papers Driver Log Book
 GWWR/GCWR <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No
 If yes, name on placard _____
 4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Yes No Unknown Out of Service Yes No
 MCS Yes No Unknown Out of Service Yes No

Form Number _____

IDOT PERMIT NO. _____ WIDELOAD? Y N
 TRAILER VIN 1 _____
 TRAILER VIN 2 _____

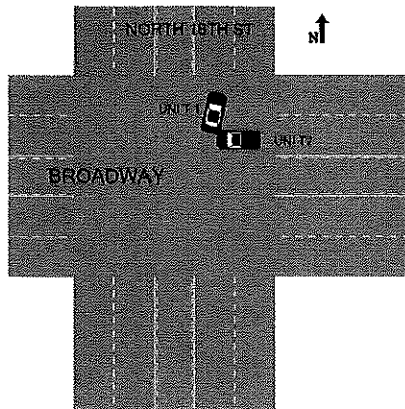
| | | | |
|------------------|--------------------------|--------------------------|--------------------------|
| TRAILER WIDTH(S) | 0 - 96" | 97 - 102" | > 102" |
| TRAILER 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRAILER 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET
 VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

X002272688

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 #)

Unit 1 was eastbound on Broadway and was in the turn lane to go north on 18th St. Unit 2 was traveling west on Broadway approaching the intersection. The light had turned yellow for east/west traffic and unit 1 attempted to make a left hand turn onto N. 18th St. Upon doing this Unit 2 struck the rear of Unit 1. Unit 1's rear bumper came off as a result and the driver was experiencing back pain and was transferred via ambulance to the ER. Unit 2 suffered damage to the front passenger bumper area and it was later towed by the owner. Driver of Unit 1 was cited for failure to yield - left turn.

LARGE TRUCK, BUS, OR HM VEHICLE

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 _____
 MOTOR CARR. ID Interstate Intrastate
 Not In Comm./Govt. Not In Comm./Other

USDOT NO. _____ ILLCC NO. _____
 Source of above Side of Truck Papers Driver Log Book
 GVWR/GCWR <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No
 if yes, name on placard _____
 4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Yes No Unknown Out of Service Yes No
 MCS Yes No Unknown Out of Service Yes No

Form Number _____

IDOT PERMIT NO. _____ WDELOAD? Y N
 TRAILER VIN 1 _____
 TRAILER VIN 2 _____

TRAILER WDMTH(S) 0 - 96" 97 - 102" > 102"
 TRAILER 1
 TRAILER 2

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET
 VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

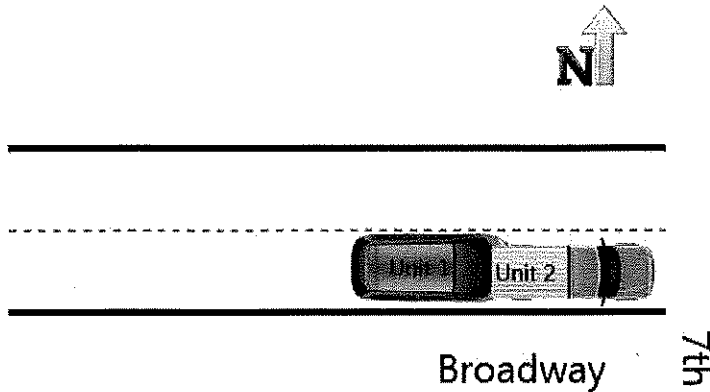
LOCAL USE ONLY

U1 Race: W U2 Race: W

| | | | | | |
|--|-------------------------|----------------------|-----------|----------------------|-----------|
| U1 COLOR Black | U2 COLOR White | U1 Drug 1 001 | U1 Drug 2 | U2 Drug 1 001 | U2 Drug 2 |
| U1 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 2 | U1 TOWED BY / TO : | | | |
| U2 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 3 | U2 TOWED BY / TO : | | | |

X002273753

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



LARGE TRUCK, BUS, OR HM VEHICLE

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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 _____
 MOTOR CARR. ID Interstate Intrastate
 Not In Comm./Govt. Not In Comm./Other

USDOT NO. _____ ILLCC NO. _____
 Source of above Side of Truck Papers Driver Log Book
 GVWR/GCWR <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No
 If yes, name on placard _____
 4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?
 HAZMAT Yes No Unknown Out of Service Yes No
 MCS Yes No Unknown Out of Service Yes No
 Form Number _____

IDOT PERMIT NO. _____ WIDELOAD? Y N

TRAILER VIN 1 _____
 TRAILER VIN 2 _____

TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"
 TRAILER 1
 TRAILER 2

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET
 VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (refer to vehicle by unit #)
 Units 1 and 2 were east on Broadway. At 7th street traffic slowed and Unit 1 rear-ended Unit 2. The driver of Unit 1 was cited for failure to reduce speed and released on a promise to comply.

LOCAL USE ONLY

N 0.0000 U1 Race: W U2 Race: W
 W 0.0000

| | | | | | |
|--|-------------------------|-------------------------------|-----------|----------------------|-----------|
| U1 COLOR Silver, Aluminum | U2 COLOR White | U1 Drug 1 000 | U1 Drug 2 | U2 Drug 1 000 | U2 Drug 2 |
| U1 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 3 | U1 TOWED / TO: waters | | | |
| U2 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE | DAMAGE EXTENT: 2 | U2 TOWED BY / TO: | | | |

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



DRAC 1 1 TRFD 1 TRFC 1 WEAT 1 DRVA 7 1 VIS 1 1 VEHD 1 1 LGHT 1 COLL 11 MANV 1 1

IY003

X002274570

INVESTIGATING AGENCY: Quincy Police Department IL. ADDRESS NO: 2000 BLOCK. HIGHWAY OR STREET NAME: BROADWAY STREET. CITY: QUINCY. COUNTY: ADAMS. DATE OF CRASH: 6/17/2021. TIME: 2:16 PM.

UNIT 1

DRIVER: JENKINS, CRAIG R. BIRTH: 1980. MAKE: CHEVROLET. MODEL: SILVERADO. YEAR: 2002. PLATE NO: 1009211B. STATE: IL. YEAR: 2022. POINT OF FIRST CONTACT: 12.

UNIT 2

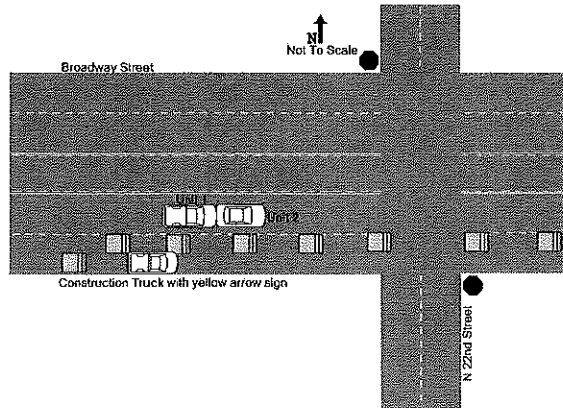
DRIVER: ARCHAMBO, ADAM D. BIRTH: 1997. MAKE: FORD. MODEL: FOCUS. YEAR: 2016. PLATE NO: E280954. STATE: IL. YEAR: 2021. POINT OF FIRST CONTACT: 6.

Table with columns: (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPTH) PASSENGERS & WITNESSES ONLY (NAME) (ADDR) (TEL) (HOSP) (EMS)

DAMAGED PROPERTY OWNER NAME: JENKINS, CRAIG R. SECTION: 72.051. CITATION NO: 21089. POLICE NOTIFIED: 6/17/2021. TIME: 2:17 PM. COURT DATE: 7/21/2021. TIME: 8:30 AM.

X002274570

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 #)

Unit 2 was traveling eastbound in the 2000 block of Broadway Street, approaching the intersection with N. 22nd Street. Unit 2 was stopped in traffic.

Unit 1 was traveling eastbound in the 2000 block of Broadway Street, directly behind Unit 2. Unit 1 failed to stop behind Unit 2 and Unit 1 rear-ended Unit 2.

In the area of the crash, the south eastbound lane was closed due to construction. There was a lighted yellow arrow sign posted in the south eastbound lane, between N. 20th and N. 22nd on Broadway, directing traffic into the north eastbound lane only. There were also cones on the dashed white lines separating the two eastbound lanes, showing the south eastbound lane was closed. There were also several constructions with amber/white lights activated, parked in the south eastbound lane where it was closed to traffic

LOCAL USE ONLY

U1 Race: W

U2 Race: W

U1 COLOR Blue U2 COLOR Red U1 Drug 1 000 U1 Drug 2 000 U2 Drug 1 000 U2 Drug 2 000

U1 TOWED DUE TO [] DISABLING DAMAGE [x] NOT DISABLING DAMAGE DAMAGE EXTENT: 0

U1 TOWED BY / TO :

U2 TOWED DUE TO [] DISABLING DAMAGE [x] NOT DISABLING DAMAGE DAMAGE EXTENT: 1

U2 TOWED BY / TO :

LARGE TRUCK, BUS, OR HM VEHICLE

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

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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 _____

MOTOR CARR. ID [] Interstate [] Intrastate [] Not In Comm./Govt. [] Not In Comm./Other

USDOT NO. _____ ILLCC NO. _____

Source of above [] Side of Truck [] Papers [] Driver [] Log Book GWR/GCWR [] <10,000 [] 10,000 - 26,000 [] >26,000

Were HAZMAT placards on vehicle? [] Yes [] No

If yes, name on placard _____ 4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? [] Yes [] No [] Unknown

Did HAZMAT Regulations violation contribute to the crash? [] Yes [] No [] Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? [] Yes [] No [] Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT [] Yes [] No [] Unknown Out of Service [] Yes [] No

MCS [] Yes [] No [] Unknown Out of Service [] Yes [] No

Form Number _____

IDOT PERMIT NO. _____ WDELOAD? [] Y [] N

TRAILER VIN 1 _____

TRAILER VIN 2 _____

TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"

TRAILER 1 [] [] []

TRAILER 2 [] [] []

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002274595

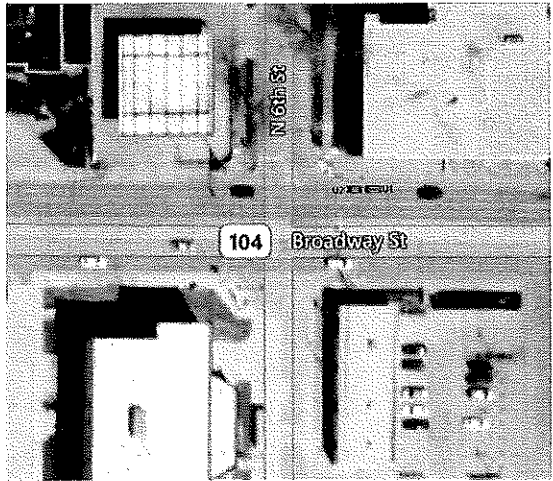
| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------|--|------------|---|----------|---|-----------|---|----------------------------------|--|------------|--|------------|---|--|---|--|---|--|-----------|
| DRAC 9 | 1 | TRFD 3 | TRFC 4 | WEAT 1 | DRVA 16 | 1 | VIS 1 | 1 | VEHD 1 | 1 | LGHT 1 | 1 | COLL 11 | 1 | MANV 11 | 11 | | | | | | |
| INVESTIGATING AGENCY Quincy Police Department IL | | 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 checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash | | YR 21 | AGENCY CRASH REPORT NO. 13208 | | TRFW 14 | | | | | | | | | |
| ADDRESS NO. | | HIGHWAY OR STREET NAME BROADWAY | | <input checked="" type="checkbox"/> City QUINCY | | Township <input type="checkbox"/> | | INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | DATE OF CRASH 6/17/2021 | | TIME 4:14 | | SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | VEHT 15 | | | | | | |
| (CIRCLE) <input type="checkbox"/> FT / MI | | (CIRCLE) 6th Street | | COUNTY ADAMS | | PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | # OF MOTOR VEHICLES INVLD 2 | | FLOW CONDITION <input type="checkbox"/> SLOW <input checked="" type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW | | U1 15 | | | | | | | | |
| <input checked="" type="checkbox"/> AT INTERSECTION WITH | | (NAME OF INTERSECTION OR ROAD FEATURE) | | DATE OF BIRTH | | MAKE CHEVROLET | | MODEL EQUINOX | | YEAR | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN | | FRONT 11: 1 10: 2 9: 3 8: 4 7: 5 REAR | | TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR | | U2 15 | | | | |
| NAME (LAST, FIRST, M) UNK | | SEX M | | SAFT 9 | | AIR 4 | | AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK | | LEVEL IN VEH. | | LEVEL ENGAGED AT CRASH | | POINT OF FIRST CONTACT 12 | | U1 5 | | | | | | |
| STREET ADDRESS | | CITY | | STATE | | ZIP | | INJ O | | EJCT 9 | | EPHT | | PLATE NO. | | STATE | | YEAR | | U2 5 | | |
| PHONE NUMBER | | DRIVER LICENSE NO. | | STATE | | CLASS | | CDL ID | | VIN | | INSURANCE CO. | | EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N | | U1 2 | | U2 2 | | | | |
| EMS AGENCY | | PEDV | | PPA | | PPL | | VEHICLE OWNER (LAST, FIRST, M.I.) UNK | | POLICY NO. | | HOSPITAL (TAKEN TO) | | INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | IF "Y" | | OWNER STREET, CITY, STATE, ZIP | | PHONE NUMBER | | RSUR 1 |
| <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 <input type="checkbox"/> DV | | NAME (LAST, FIRST, M) BUGH, RAVEN S | | SEX F | | SAFT 2 | | AIR 4 | | AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK | | LEVEL IN VEH. | | LEVEL ENGAGED AT CRASH | | POINT OF FIRST CONTACT 6 | | FRONT 11: 1 10: 2 9: 3 8: 4 7: 5 REAR | | TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR | | U1 99 |
| CITY EWING | | STATE MO | | ZIP 63440 | | INJ O | | EJCT 1 | | EPHT | | PLATE NO. RAVYS16 | | STATE IL | | YEAR 2021 | | U2 2 | | U1 2 | | |
| HOSPITAL (TAKEN TO) Refused | | STATE MO | | CLASS F | | CDL ID | | VIN JF2SJGUC8FH411063 | | EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | U1 0 | | U2 0 | | RDEF 1 | | BAC 996 | | U1 996 | | |
| (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT) | | PASSENGERS & WITNESSES ONLY | | (NAME) / (ADDR) / (TEL) | | (HOSP) | | (EMS) | | U1 996 | | U2 996 | | # OCCS 1 | | U1 1 | | U2 1 | | DIRP 7 | | |
| (EVNO) (MOST) (EVNT) (LOC) | | DAMAGED PROPERTY OWNER NAME | | DAMAGED PROPERTY | | POLICE NOTIFIED 6/17/2021 | | TIME 4:14 | | <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | Did crash occur in a Work Zone? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | U1 7 | | U2 7 | | SLMT 30 | | U1 30 | | |
| 1 | | <input checked="" type="checkbox"/> | | 11 4 | | PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP | | PRIMARY 28 | | SECONDARY 18 | | EMS NOTIFIED | | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | | If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility | | U2 7 | | U1 7 | | |
| 2 | | <input type="checkbox"/> | | | | <input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING | | SECTION | | CITATION NO. | | EMS ARRIVED | | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | | Unknown work zone type <input type="checkbox"/> | | U2 7 | | U1 30 | | |
| 3 | | <input type="checkbox"/> | | | | ARREST NAME | | SECTION | | CITATION NO. | | ROAD CLEARANCE | | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | | Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | U2 30 | | U1 30 | | |
| 1 | | <input checked="" type="checkbox"/> | | 11 4 | | ARREST NAME | | BEAT / DIST. | | SUPERVISOR ID. NICK HILAND, 253 | | COURT DATE | | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | U2 30 | | U1 30 | | |
| 2 | | <input type="checkbox"/> | | | | OFFICER ID. 120 | | SIGNATURE MICHAEL CIRRIANCONE | | | | | | | | | | U2 30 | | U1 30 | | |
| 3 | | <input type="checkbox"/> | | | | | | | | | | | | | | | | U2 30 | | U1 30 | | |

UNIT 1

UNIT 2

X002274595

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 #)

Unit 2 was stopped at the stop line facing west on Broadway at 6th Street because traffic was backed up due to one bridge being open to and from Quincy. The traffic light was green. While unit 2 was stopped, unit 1 failed to stop and struck the rear of unit 2. Unit 1 fled the scene north on 6th Street. The vehicle was reported to have been a black Chevrolet Equinox. The license plate and driver for unit 1 are unknown. Video surveillance was checked from the Adams County Jail and the 6th Street Mini Mart. The cameras at the Mini Mart showed the Chevrolet Equinox drive through the lot before it went north on 6th Street. I could tell the plate was an Illinois plate but could not make out the numbers due to the quality of the camera footage. The driver of unit 1 described the subject as a white male wearing a hat with crooked and dirty teeth. The male was skinny with glasses and dark hair. The driver of unit 1 was able to give this description because unit 2 pulled onto 6th Street after being struck. Unit 1 followed and pulled up next to her. They rolled

LOCAL USE ONLY

U1 Race: W

U2 Race: W

U1 COLOR Black U2 COLOR Gray U1 Drug 1 000 U1 Drug 2 U2 Drug 1 000 U2 Drug 2 U1 TOWED DUE TO U2 TOWED DUE TO DAMAGE EXTENT: U1 TOWED BY / TO: U2 TOWED BY / TO:

LARGE TRUCK, BUS, OR HM VEHICLE

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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

MOTOR CARR. ID Interstate Intrastate Not In Comm./Govt. Not In Comm./Other USDOT NO. ILLCC NO. Source of above Side of Truck Papers Driver Log Book GVWR/GCWR <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? If yes, name on placard 4 digit UN NO. 1 digit Hazard Class NO. Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? Did HAZMAT Regulations violation contribute to the crash? Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Was a Driver/Vehicle Examination Report form completed? HAZMAT MCS Form Number

IDOT PERMIT NO. WDELOAD? TRAILER VIN 1 TRAILER VIN 2 TRAILER WIDTH(S) TRAILER LENGTH(S) TOTAL VEHICLE LENGTH NO. OF AXLES

SELECT CODES FROM BACK OF CRASH BOOKLET VEHICLE CONFIG. CARGO BODY TYPE LOAD TYPE

