

ILLINOIS TRAFFIC CRASH REPORT

Sheet **1** of **2** Sheets



IY003



* X002277618 *

DRAC U1	8	TRFD U2	1	TRFC U2	1	WEAT U1	1	DRVA U2	8	VIS U1	1	VEHD U2	1	LGHT U1	1	COLL U1	9	MANV U2	17	21
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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. 13214	TRFW 10
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ADDRESS NO.	HIGHWAY OR STREET NAME N 3RD STREET	<input checked="" type="checkbox"/> City QUINCY	Township <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 6/17/2021	TIME 5:26	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT U1 2
(CIRCLE) 70 (CIRCLE) N S E W Elm Street		COUNTY ADAMS	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 3	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW		U2 15		
<input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		U2 2		U2 2		U2 1		U2 1	

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"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 1967	MAKE FORD	MODEL F150	YEAR 2020	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 10 TOP 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 2	
NAME (LAST, FIRST, M) MURPHY, RANDALL J	SEX M SAFT 2 AIR 8	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	Distraction Value 9	FIRE <input type="checkbox"/> <input checked="" type="checkbox"/>	U2 2	
STREET ADDRESS	INJ 0 EJCT 1 EPTH 0	PLATE NO. [REDACTED]	STATE MO	YEAR 2022	POINT OF FIRST CONTACT 7	* IF YES SEE SIDEBAR	COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/>	U1 1	
EMERGENCY AGENCY Refused	STATE MO CLASS F CDL ID 0	VIN 1FTEX1EP3LKE94540		[REDACTED]		[REDACTED]		U2 1	
HOSPITAL (TAKEN TO) Blessing Hospital	PEDV 1 PPA 99 PPL 9	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	[REDACTED]		[REDACTED]		[REDACTED]		U2 1

UNIT 2

<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 <input type="checkbox"/> DV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 10 TOP 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 33	
NAME (LAST, FIRST, M)	SEX M SAFT 2 AIR 8	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	Distraction Value	FIRE <input type="checkbox"/> <input checked="" type="checkbox"/>	U2 1	
STREET ADDRESS	INJ 0 EJCT 1 EPTH 0	PLATE NO. [REDACTED]	STATE IL	YEAR 2021	POINT OF FIRST CONTACT 7	* IF YES SEE SIDEBAR	COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/>	U1 0	
CITY	STATE MO CLASS F CDL ID 0	VIN 1GKEC16R6VJ704170		[REDACTED]		[REDACTED]		U2 0	
PHONE NUMBER	PEDV 1 PPA 99 PPL 9	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	[REDACTED]		[REDACTED]		[REDACTED]		U2 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	BAC
W		1983	F						[REDACTED]			996
												996
												1
												0

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/17/2021	TIME 5:26	<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	U2 5
	1	<input checked="" type="checkbox"/>	18	1			EMS NOTIFIED 6/17/2021	TIME 5:26	<input type="checkbox"/> AM <input checked="" 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	U1 5
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 20 SECONDARY 18	EMS ARRIVED 6/17/2021	TIME 5:35	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		U2 5
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING MURPHY, RANDALL J ARREST NAME	SECTION 11-709A CITATION NO. 21264	ROAD CLEARANCE 6/17/2021	TIME 6:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		U2 30
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE 7/21/2021	TIME 9:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	U1 30
	3	<input type="checkbox"/>			OFFICER ID. 152 SIGNATURE Zachary Tuley	BEAT / DIST.	SUPERVISOR ID. NICK HILAND, 253			Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 30

X002277618

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

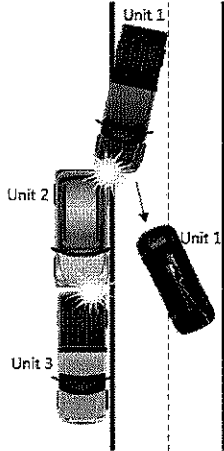


Diagram Drawn Not To Scale

800 block N 3rd Street

NARRATIVE (refer to vehicle by unit #)

Unit #2 was parked in the 800 block of N 3rd Street facing South. Unit #3 was parked in front of Unit #2. Unit #1 was traveling south in the 800 block of N 3rd Street and struck Unit #2 and Unit #2 was pushed into Unit #3. Unit #1 was overturned.

The driver of Unit #1 stated they fell asleep while driving and hit the SUV. Driver of Unit #1 as issued a citation and released.

LOCAL USE ONLY

U1 Race: W

U2 Race:

U1 COLOR White U2 COLOR Blue U1 Drug 1 999 U1 Drug 2 U2 Drug 1 000 U2 Drug 2

U1 TOWED DUE TO [] DISABLING DAMAGE [x] NOT DISABLING DAMAGE

DAMAGE EXTENT: 3

U1 TOWED BY / TO:

U2 TOWED DUE TO [x] DISABLING DAMAGE [] NOT DISABLING DAMAGE

DAMAGE EXTENT: 3

U2 TOWED BY / TO:

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. _____ 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets



IY003

X002277618

DRAC	TRFD	TRPC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U3	U	1	1	1	U	1	1	9	7

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. 13214	TRFW 10
ADDRESS NO.	HIGHWAY OR STREET NAME N 3RD STREET	City QUINCY	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 6/17/2021	TIME 5:26	VEHT 2
(CIRCLE) 70 (FT) MI (N) S E W Elm 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 3	U3

UNIT 3

<input checked="" 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 <input type="checkbox"/> DV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 4 7 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U3
NAME (LAST, FIRST, M)	SEX SAFT AIR	FORD	F150	2008			FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR			DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	U
CITY STATE ZIP			IL	2022			* Distraction Value	ALIGN 1
PHONE NUMBER	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			U3
EMS AGENCY	POLICY NO.		* IF YES SEE SIDEBAR					U

<input 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	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 4 7 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	U3
NAME (LAST, FIRST, M)	SEX SAFT AIR						FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR			DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	U
CITY STATE ZIP							* Distraction Value	SPDR 0
PHONE NUMBER	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N			U
EMS AGENCY	POLICY NO.		* IF YES SEE SIDEBAR					ROEF 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	BAC
													996
													0

UNIT 3	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED	TIME	Did crash occur in a Work Zone?	
	1	<input checked="" type="checkbox"/>	11	1			6/17/2021	5:26	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP		6/17/2021	5:26	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
					<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED	TIME	If YES check one below:
							20	6/17/2021	5:35	<input type="checkbox"/> Construction
					ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE	TIME	<input type="checkbox"/> Maintenance
								6/17/2021	6:15	<input type="checkbox"/> Utility
					OFFICER I.D.	SIGNATURE	BEAT / DIST.	COURT DATE	TIME	<input type="checkbox"/> Unknown work zone type
					152	Zachary Tuley		7/21/2021	9:00	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
							NICK HILAND, 253			

X002277618

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 #)

LOCAL USE ONLY

U3 COLOR Teal	U COLOR	U3 Drug 1 700	U3 Drug 2	U Drug 1	U Drug 2
U3 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:	U3 TOWED BY / TO:			
U TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:	U 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

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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



YU003

X002275588

DRAC 1 U1	TRFD 1 U2	TRFC 2 U1	WEAT 4 U2	DRVA 1 U1	VIS 3 U2	VEHD 1 U1	LGHT 1 U2	COLL 15 U1	MANV 1 U2	1 U1	1 U2
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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. 13290	TRFW 1		
ADDRESS NO.	HIGHWAY OR STREET NAME VERMONT ST	City QUINCY	Township	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 6/18/2021	TIME 1:03	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT 15
(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) N 10th	COUNTY ADAMS	DOORING WITH PEDAL/CYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PRIVATE PROPERTY <input type="checkbox"/> Y <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	U2 2	U1 1

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"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 2005	MAKE HYUNDAI	MODEL SANTA FE	YEAR 2009	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2
SEX F	SAFT 2	AIR 9	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 1
INJ O	EJCT 1	EPHT 0	PLATE NO. [REDACTED]	STATE IL	YEAR 2021	DISTRACTED - Distraction Value 9	ALIGN 1
STATE IL	CLASS D	CDL ID 0	VIN 5NMSG13D09H290827		POINT OF FIRST CONTACT 12	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 1
EMV AGENCY Refused	PEDV 9	PPA 99	PPL 9	[REDACTED]		* IF YES SEE SIDEBAR	U2 1
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	[REDACTED]		[REDACTED]	[REDACTED]	RSUR 1

UNIT 2

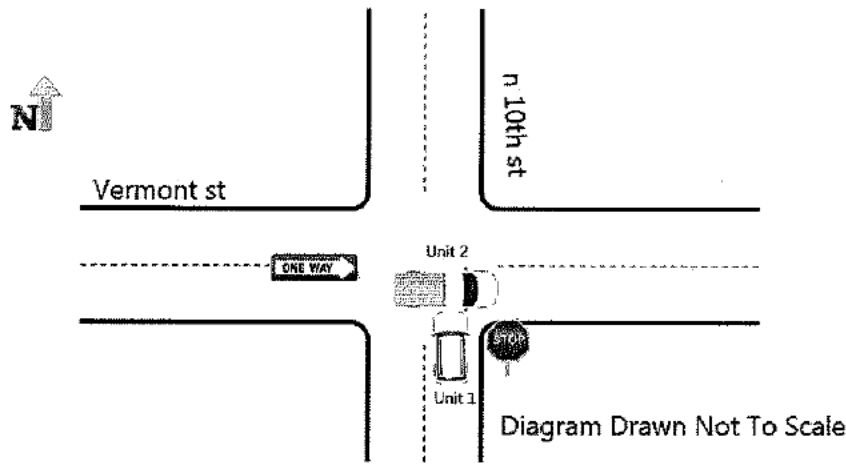
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 1960	MAKE FORD	MODEL F250	YEAR 1996	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2
SEX M	SAFT 3	AIR 9	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 0
INJ C	EJCT 1	EPHT 0	PLATE NO. [REDACTED]	STATE IL	YEAR 2021	DISTRACTED - Distraction Value 9	SPDR 0
STATE IL	CLASS B	CDL ID 7	VIN 1FDHF25H1TEB37799		POINT OF FIRST CONTACT 3	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 0
EMV AGENCY Refused	PEDV 9	PPA 99	PPL 9	[REDACTED]		[REDACTED]	U2 1
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	[REDACTED]		[REDACTED]	[REDACTED]	RDEF 1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
W		1999	F							[REDACTED]			996
													U2 1
													U1 1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/18/2021	TIME 1:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 1
	1	<input checked="" type="checkbox"/>	11	1			EMS NOTIFIED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	If YES check one below:	DIRP 1
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 23	SECONDARY 18	EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	U1 3
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 70.04	CITATION NO. 20004	ROAD CLEARANCE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	U2 30
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.		TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	SLMT 30
	3	<input type="checkbox"/>			OFFICER ID. 125	SIGNATURE MEGAN DOLBEARE	BEAT / DIST.	SUPERVISOR ID. RYAN WITT, 251	COURT DATE 8/11/2021	TIME 3:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

X002275588

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 northbound on N 10th at the intersection with Vermont. Unit 2 was travelling eastbound in the south lane on Vermont St, which is a one way and does not stop. Unit 1 failed to stop at the stop sign at the intersection with Vermont, striking Unit 2 on the passenger's side, causing Unit 2 to flip on its driver's side. Unit 2 driver complained [redacted] and advised they would seek medical treatment on their own. Unit 1 driver was issued a citation for stop sign violation and released on Promise to Comply.

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 _____

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 _____

LOCAL USE ONLY

U1 COLOR Blue		U2 COLOR White		U1 Race: W	U2 Race: W
U1 TOWED DUE TO	<input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 3	U1 Drug 1 000	U1 Drug 2	U2 Drug 1 000 U2 Drug 2
U2 TOWED DUE TO	<input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 3	U1 TOWED BY / TO: dans		
			U2 TOWED BY / TO: Courtesy Towing		

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



1Y003



* X002276204 *

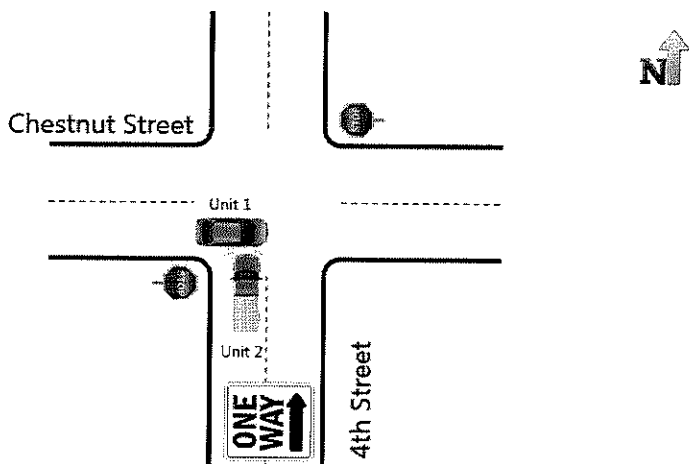
DRAC 1	TRFD 1	TRFC 2	WEAT 1	DRVA 2	VIS 1	VEHD 1	LGHT 1	COLL 15	MANV 1													
U1	U2		U2	U1	U2	U1	U2	U1	U2													
INVESTIGATING AGENCY Quincy Police Department IL				DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY		<input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <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. 13292	TRFW 1							
ADDRESS NO.		HIGHWAY OR STREET NAME 4TH STREET				<input checked="" type="checkbox"/> City QUINCY <input type="checkbox"/> Township		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 6/18/2021		TIME 1:32		SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VEHT 1						
(CIRCLE) FT / MI N S E W		(CIRCLE) Chestnut				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		U1 1						
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)				DATE OF BIRTH 1998		MAKE FORD		MODEL FUSION		YEAR 2009		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN		FRONT 11 12 1 10 16 2 9 16 3 8 6 4 7 6 5 REAR		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U2 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"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV		NAME (LAST, FIRST, M) NELSON, BRENDAN W		SEX M		SAFT 2		AIR 4		AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL IN VEH. 0		LEVEL ENGAGED AT CRASH 0		DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		ALIGN 1				
STREET ADDRESS		INJ 0		EJCT 1		EPHT 0		PLATE NO.		STATE IL		YEAR 2022		POINT OF FIRST CONTACT 2		COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U1 1				
STATE IL		CLASS D		CDL ID 0		VIN 3FAHP07Z39R126018		VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		RDEF 1		BAC 996		U2 1		U1 996				
EMS AGENCY Refused		HOSPITAL (TAKEN TO) Refused		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF *** 9		DATE OF BIRTH 1959		MAKE CHEVROLET		MODEL TRUCK		YEAR 2007		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN		FRONT 11 12 1 10 16 2 9 16 3 8 6 4 7 6 5 REAR		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U1 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"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV		NAME (LAST, FIRST, M) NEILL, KEVIN W		SEX M		SAFT 2		AIR 5		AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		LEVEL IN VEH. 0		LEVEL ENGAGED AT CRASH 0		DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		ALIGN 0				
STREET ADDRESS		INJ C		EJCT 1		EPHT 0		PLATE NO.		STATE IL		YEAR 2021		POINT OF FIRST CONTACT 12		COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U1 0				
STATE IL		CLASS A		CDL ID 0		VIN 1GCCS149378216104		VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		RDEF 1		BAC 996		U2 1		U1 996				
EMS AGENCY Refused		HOSPITAL (TAKEN TO) Blessing Hospital		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF *** 9		(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT)		PASSENGERS & WITNESSES ONLY		(NAME) (ADDR) (TEL)		(HOSP)		(EMS)						
DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		POLICE NOTIFIED 6/18/2021		TIME 1:32		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Did crash occur in a Work Zone? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U2 3		DIRP 3		U1 1		U2 1				
PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP		PRIMARY 02		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 <input type="checkbox"/> Unknown work zone type		U2 30		SLMT 30		U1 30		U2 30				
<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING NELSON, BRENDAN W ARREST NAME		SECTION 72.03		CITATION NO. 20576		EMS ARRIVED		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		ROAD CLEARANCE 6/18/2021		TIME 1:32		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		U2 30		U1 30				
<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING ARREST NAME OFFICER ID. 169		SIGNATURE WILLIAM CALKINS		BEAT / DIST.		SUPERVISOR ID. NATHAN ELBUS, 261		COURT DATE 7/21/2021		TIME 8:30		<input type="checkbox"/> AM <input type="checkbox"/> PM		Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U2 30						

UNIT 1

UNIT 2

X002276204

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 northbound on 4th Street approaching the intersection of Chestnut and 4th Street. Unit #1 came out east into the intersection and the two vehicles collided. The driver of Unit #1 was cited for Failure To Yield Intersection.

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. _____ 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 _____

LOCAL USE ONLY

U1 Race: W

U2 Race: W

U1 COLOR **White** U2 COLOR **Gray** U1 Drug 1 **000** U1 Drug 2 **000** U2 Drug 1 **000** U2 Drug 2 **000**

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3**

U1 TOWED BY / (T): **Towing Solutions**

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3**

U2 TOWED BY / (T): **Peters Towing**

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002276233

DRAC 9 U1	9 U2	TRFD 1	TRFC 1	WEAT 1	DRVA 11 U2	1 U1	VIS 1 U2	8 U1	VEHD 99 U2	1 U1	LIGHT 4	COLL 9	MANV 23 U1	21 U2
------------------------	----------------	------------------	------------------	------------------	-------------------------	----------------	-----------------------	----------------	-------------------------	----------------	-------------------	------------------	-------------------------	-----------------

INVESTIGATING AGENCY Quincy Police Department IL	DAMAGE TO ANY ONE PERSONS VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" 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 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. 13298	TRPW 7	
ADDRESS NO. 1838	HIGHWAY OR STREET NAME OAK (REAR)	City QUINCY	Township <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 6/18/2021	TIME 1:00	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY ADAMS	PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HIT & RUN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV MURPHY, MARSHAL L NAME (LAST, FIRST, M) STREET ADDRESS	DATE OF BIRTH 1990 y / yr	MAKE DODGE	MODEL SEDAN	YEAR 1998	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 7	FRONT VIEW DIAGRAM 11 (Left) 12 (Right) 10 (Top) 9 (Left Side) 8 (Right Side) 7 (Bottom) TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DISTRACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CDM VEH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SEX M	SAFT 9	AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	
INJ 0	EJCT 1	EPTH 0	PLATE NO. [REDACTED]	STATE IL	YEAR 2022	
STATE IL	CLASS SU	CDL ID 0	VIN 2B3HD56J1WH217838	[REDACTED]		
EMS AGENCY 1 99 9	PEDV	PPA	PPL			
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF ^				

UNIT 2

<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 <input type="checkbox"/> DV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 11	FRONT VIEW DIAGRAM 11 (Left) 12 (Right) 10 (Top) 9 (Left Side) 8 (Right Side) 7 (Bottom) TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DISTRACTED <input type="checkbox"/> YES <input type="checkbox"/> NO CDM VEH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME (LAST, FIRST, M)	mo / day / yr	CHEVROLET	SEDAN	2017		
STREET ADDRESS	SEX M	SAFT 9	AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0
CITY	INJ 0	EJCT 1	EPTH 0	PLATE NO. [REDACTED]	STATE IL	YEAR 2022
PHONE NUMBER	STATE IL	CLASS SU	CDL ID 0	VIN 3GNCJLSB7HL277874	[REDACTED]	
DRIVER LICENSE NO.	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]		
EMS AGENCY	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF ^				

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

UNIT 1	(EVNO) 1	(MOST) <input checked="" type="checkbox"/>	(EVNT) 18	(LOC) 2	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/18/2021	TIME 2:55	<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
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 18	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
	3	<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	<input type="checkbox"/> Unknown work zone type
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 6/18/2021	TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			ARREST NAME			COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	3	<input type="checkbox"/>			OFFICER ID. 169	SIGNATURE WILLIAM CALKINS	BEAT / DIST.	SUPERVISOR ID. NATHAN ELBUS, 261		

VEHT
1
U1

LNS
0
U1

ALIGN
1
U1

RSUR
1
U2

VEHU
2
U1

SPDR
0
U1

U2

RDEF
1
U1

BAC
996
U1

996
U2

OCCS
1
U1

0
U2

DIRP
5
U1

1
U2

SLMT
30
U1

30
U2

X002276233

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

1838 Oak



Unit 1



Unit 2



Alley

NARRATIVE (refer to vehicle by unit #)

Unit #2 was parked facing northbound behind 1838 Oak in a gravel driveway/parking area. Unit #1 backed South into Unit #2, pushing it back several feet. The driver of Unit #1 left the scene without reporting the crash.

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... 2. Is used or designed to transport more than 15 passengers... 3. Is designed to carry 15 or fewer passengers... 4. Is used or designed to transport between 9 and 15 passengers... 5. Is any vehicle used to transport any hazardous material (HAZMAT)...

UNIT CARRIER NAME ADDRESS CITY/STATE/ZIP

MOTOR CARR. ID USDOT NO. ILLCC NO. Source of above GVWR/GCWR

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

Did HAZMAT Spill from vehicle... Did HAZMAT Regulations violation contribute... Did Motor Carrier Safety Regulations (MCS) violation contribute... Was a Driver/Vehicle Examination Report form completed?

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

LOCAL USE ONLY

U1 Race: B

U2 Race:

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

U1 TOWED DUE TO DAMAGE EXTENT: 2 U1 TOWED BY / TO:

U2 TOWED DUE TO DAMAGE EXTENT: 2 U2 TOWED BY / TO:

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

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



ITY003

X002277360

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
1	1	1	1	8	1	1	1	12	18
U1	U2			U2	U1	U2		U1	U2

INVESTIGATING AGENCY: **Quincy Police Department IL**

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: \$500 OR LESS \$501 - \$1,500 OVER \$1,500

TYPE OF REPORT: ON SCENE NOT ON SCENE (DESK REPORT) AMENDED

AGENCY CRASH REPORT NO.: **21 13302**

DATE OF CRASH: **6/18/2021** TIME: **4:09**

ADDRESS NO.: **BROADWAY** HIGHWAY OR STREET NAME: **North 38th**

CITY: **QUINCY** COUNTY: **ADAMS**

INTERSECTION RELATED: Y N

PRIVATE PROPERTY: Y N

HIT & RUN: Y N

DOORING WITH PEDALCYCLIST?: Y N

OF MOTOR VEHICLES INVLD: **3**

SECONDARY CRASH: YES NO

FLOW CONDITION: SLOW STOPPED FREE FLOW

UNIT 1

DRIVER: DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV

NAME (LAST, FIRST, M): **HOLCOMBE, ERIC R**

DATE OF BIRTH: **/1988**

MAKE: **VOLKSWAGEN** MODEL: **GOLF** YEAR: **2011**

SEX: **M** SAFT: **2** AIR: **4**

AUTOMATION SYSTEM: Y NO UNK

LEVEL IN VEH: **0** LEVEL ENGAGED AT CRASH: **0**

INJ: **0** EJCT: **1** EPTH: **0**

PLATE NO.: **[REDACTED]** STATE: **IL** YEAR: **2021**

STATE: **IL** CLASS: **D** CDL ID: **0** VIN: **VWVWB87AJ6BW347134**

POINT OF FIRST CONTACT: **5**

TOWED DUE TO CRASH: Y N

FIRE: Y N

DISTRACTION: Y N

COM VEH: Y N

UNIT 2

DRIVER: DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV

NAME (LAST, FIRST, M): **BESHER, CHRISTINA R**

DATE OF BIRTH: **/1976**

MAKE: **GMC** MODEL: **ACADIA** YEAR: **2008**

SEX: **F** SAFT: **2** AIR: **4**

AUTOMATION SYSTEM: Y NO UNK

LEVEL IN VEH: **0** LEVEL ENGAGED AT CRASH: **0**

INJ: **0** EJCT: **1** EPTH: **0**

PLATE NO.: **[REDACTED]** STATE: **MO** YEAR: **2022**

STATE: **MO** CLASS: **F** CDL ID: **0** VIN: **1GKEV33788J235127**

POINT OF FIRST CONTACT: **11**

TOWED DUE TO CRASH: Y N

FIRE: Y N

DISTRACTION: Y N

COM VEH: Y N

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	(PASS)	(WIT)	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	/1998	F	2	4	0	1	0					
2	6	/2020	M	13	4	0	1	0					
2	12	/2017	F	12	4	0	1	0					
2	10	/2019	M	12	4	0	1	0					

UNIT 1

UNIT 2

DAMAGED PROPERTY OWNER NAME: **HOLCOMBE, ERIC R**

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP: **20 02**

SECTION: **72.048** CITATION NO.: **21025**

SECTION: **6-101** CITATION NO.: **21026**

OFFICER ID: **104** SIGNATURE: **JD SUMMERS** BEAT / DIST.: **RYAN WITT, 251**

POLICE NOTIFIED: **6/18/2021** TIME: **4:09**

EMS NOTIFIED: TIME: **4:09**

EMS ARRIVED: TIME: **6/18/2021 4:09**

COURT DATE: **7/29/2021** TIME: **8:30**

Did crash occur in a Work Zone? Y N

If YES check one below:

- Construction
- Maintenance
- Utility
- Unknown work zone type

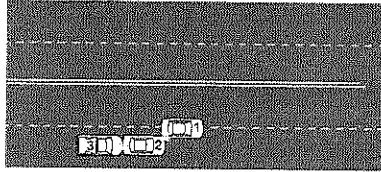
Workers present? Y N

X002277360

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



3800 block of Broadway



NARRATIVE (refer to vehicle by unit #)

The driver of unit 1, Eric Holcombe, was traveling eastbound on Broadway in the north lane when he attempted to change lanes into the south lane and when doing so crashed into the driver's side of unit 2 as unit 2 was eastbound in the south lane. This caused unit 3 which was traveling eastbound in the south lane behind unit 2 to crash into the rear of unit 2. Holcombe was issued a city OV for Improper Lane Usage and released on PTC. The driver of unit 2, Christina Beshler, was issued a citation for No Valid Driver's License (Expired less than 1 year) as her MO driver's license expired on 9/28/2020. She was released on PTC.

LOCAL USE ONLY

U1 COLOR Black	U2 COLOR Tan	U1 Race: W	U2 Race: W
U1 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 2	U1 Drug 1 000	U1 Drug 2 000
U2 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 3	U2 Drug 1 000	U2 Drug 2 000
		U1 TOWED BY / TO: Towing Solutions	
		U2 TOWED BY / TO: Niehaus Towing	

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. _____ 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 _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets



1Y003



X002277360

DRAC 1	TRFD 1	TRFC 1	WEAT 1	DRVA 1	VIS 1	VEHD 1	LGHT 1	COLL 12	MANV 1
U3	U			U	U3	U	U3	U	U

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. 13302	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME BROADWAY	City QUINCY	Township	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 6/18/2021	TIME 4:09
<input checked="" type="checkbox"/> 200 (CIRCLE) MI N S (CIRCLE) W North 38th <input type="checkbox"/> AT INTERSECTION WITH		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 3	SECONDARY CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(NAME OF INTERSECTION OR ROAD FEATURE)		FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U U3

UNIT 3

<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	DATE OF BIRTH 1992	MAKE FORD	MODEL F350	YEAR 2000	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 88 - UNKNOWN	FRONT VIEW DIAGRAM	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
NAME (LAST, FIRST, M) EILTS, CODY W	SEX M	SAFT 9	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE MO	YEAR 2022	POINT OF FIRST CONTACT 12	DISTRACTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
STATE MO	CLASS	CDL ID	VIN 1FTWW33FXYE439042	EXPIRED			

<input 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	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 89 - UNKNOWN	FRONT VIEW DIAGRAM	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N
NAME (LAST, FIRST, M)	SEX	SAFT	AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N
INJ	EJCT	EPHT	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT	DISTRACTION <input type="checkbox"/> Y <input type="checkbox"/> N
STATE	CLASS	CDL ID	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		

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

UNIT 3	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/18/2021	TIME 4:09	<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	DIRP 3
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 20	SECONDARY 02	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	SLMT 99
	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	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U

1	<input type="checkbox"/>			ARREST NAME	<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	ROAD CLEARANCE 6/18/2021	TIME 4:09	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COURT DATE 7/29/2021	TIME 8:30	<input type="checkbox"/> AM <input type="checkbox"/> PM
2	<input type="checkbox"/>			ARREST NAME									
3	<input type="checkbox"/>			OFFICER ID. 104	SIGNATURE JD SUMMERS	BEAT / DIST.	SUPERVISOR ID. RYAN WITT, 251						

X002277360

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

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
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 #)

LOCAL USE ONLY

U3 Race: W

U Race:

U3 COLOR White
U COLOR
U3 Drug 1 000
U3 Drug 2 000
U Drug 1
U Drug 2

U3 TOWED DUE TO
DISABLING DAMAGE
NOT DISABLING DAMAGE
DAMAGE EXTENT: 3
U3 TOWED BY / TO: Towing Solutions

U TOWED DUE TO
DISABLING DAMAGE
NOT DISABLING DAMAGE
DAMAGE EXTENT:
U TOWED BY / TO:

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002276621

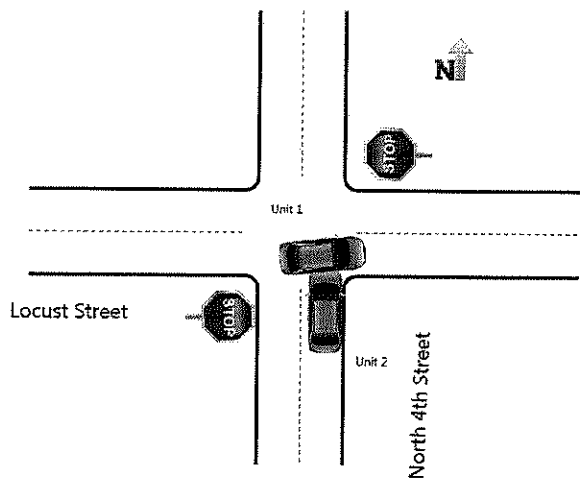
DRAC 1 U1	TRFD 1 U2	TRFC 2	WEAT 4	DRVA 1	DRVA 2 U2	VIS 1 U1	VIS 1 U2	VEHD 1 U1	VEHD 1 U2	LGHT 1	COLL 15	MANV 1 U1	MANV 1 U2																																																																																				
INVESTIGATING AGENCY Quincy Police Department IL				DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <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		YR 21	AGENCY CRASH REPORT NO. 13366	TRFV 3																																																																																	
ADDRESS NO.			HIGHWAY OR STREET NAME LOCUST STREET			<input checked="" type="checkbox"/> City QUINCY		TOWNSHIP <input type="checkbox"/>		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 6/19/2021 TIME 2:56		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT 1 U1																																																																																	
(CIRCLE) FT / MI N S E W North 4th Street						COUNTY ADAMS						DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		# OF MOTOR VEHICLES INVOLVED 2		FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	U2 1 U2 2 U1																																																																																
<input checked="" type="checkbox"/> AT INTERSECTION WITH			(NAME OF INTERSECTION OR ROAD FEATURE)			DATE OF BIRTH 1972				MAKE HONDA		MODEL CIVIC		YEAR 2020		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN		FRONT VIEW 11 12 1 10 16 2 9 16 3 8 6 4 7 6 5 REAR		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U1 2 U2 1																																																																											
DRIVER <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 LEWIS, DAWN M NAME (LAST, FIRST, M)			SEX F			SAFT 2			AIR 6			AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			LEVEL IN VEH. <input type="checkbox"/>		LEVEL ENGAGED AT CRASH <input type="checkbox"/>		POINT OF FIRST CONTACT 3		FIRE <input checked="" type="checkbox"/>		U2 1 U1																																																																										
STREET ADDRESS			INJ O			EJCT 1			EPHT 			PLATE NO. IL		STATE IL		YEAR 2021		DISTRACTED <input checked="" type="checkbox"/>		COM VEH <input checked="" type="checkbox"/>		U1 1 U2 1																																																																											
STATE CLASS CDL ID VIN			IL D			19XFC2F82LE029327															U2 1 RSUR																																																																												
EMS AGENCY			PEDV PPA PPL																		U1 1 U2 2 U1																																																																												
HOSPITAL (TAKEN TO)			INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N			IF "Y"															U1 2 U2 0 U1																																																																												
DRIVER <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 CARTMILL, PAIGE A NAME (LAST, FIRST, M)			SEX M			SAFT 2			AIR 6			AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			LEVEL IN VEH. <input type="checkbox"/>		LEVEL ENGAGED AT CRASH <input type="checkbox"/>		POINT OF FIRST CONTACT 12		FIRE <input checked="" type="checkbox"/>		U2 0 U1 0																																																																										
STREET ADDRESS			INJ O			EJCT 1			EPHT 			PLATE NO. MO		STATE MO		YEAR 2021		DISTRACTED <input type="checkbox"/>		COM VEH <input checked="" type="checkbox"/>		U2 1 RDEF																																																																											
STATE CLASS CDL ID VIN			IL D			JTHBF30G820066707															U1 1 U2 996																																																																												
EMS AGENCY			PEDV PPA PPL																		U1 996 U2 996																																																																												
HOSPITAL (TAKEN TO)			INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N			IF "Y"															U1 1 U2 1																																																																												
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY			(NAME) / (ADDR) / (TEL)		(HOSP)		(EMS)				U1 996 U2 996																																																																													
<table border="1"> <tr> <th>(EVNO)</th> <th>(MOST)</th> <th>(EVNT)</th> <th>(LOC)</th> <th>DAMAGED PROPERTY OWNER NAME</th> <th>DAMAGED PROPERTY</th> <th>POLICE NOTIFIED</th> <th>TIME</th> <th><input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</th> <th>Did crash occur in a Work Zone?</th> <th><input type="checkbox"/> Y <input checked="" type="checkbox"/> N</th> </tr> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> <td>11</td> <td>1</td> <td></td> <td></td> <td>6/19/2021</td> <td>2:56</td> <td><input checked="" type="checkbox"/> PM</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>PROPERTY OWNERS ADDRESS, STREET, CITY, STATE, ZIP</td> <td>PRIMARY 23 SECONDARY 28</td> <td>EMS NOTIFIED</td> <td>TIME</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td colspan="2">If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING LEWIS, DAWN M ARREST NAME</td> <td>SECTION 72.006 CITATION NO. 18562</td> <td>EMS ARRIVED</td> <td>TIME</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> <td>11</td> <td>1</td> <td><input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING</td> <td>SECTION</td> <td>CITATION NO.</td> <td>ROAD CLEARANCE</td> <td>TIME</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>ARREST NAME</td> <td>SECTION</td> <td>CITATION NO.</td> <td>COURT DATE</td> <td>TIME</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>OFFICER ID. 109 SIGNATURE DAVE DISTIN</td> <td>BEAT / DIST.</td> <td>SUPERVISOR ID. NATHAN ELBUS, 261</td> <td>8/11/2021</td> <td>8:30</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> </table>																					(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED	TIME	<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	1			6/19/2021	2:56	<input checked="" type="checkbox"/> PM			2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS, STREET, CITY, STATE, ZIP	PRIMARY 23 SECONDARY 28	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		3	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING LEWIS, DAWN M ARREST NAME	SECTION 72.006 CITATION NO. 18562	EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM			1	<input checked="" type="checkbox"/>	11	1	<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	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	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		3	<input type="checkbox"/>			OFFICER ID. 109 SIGNATURE DAVE DISTIN	BEAT / DIST.	SUPERVISOR ID. NATHAN ELBUS, 261	8/11/2021	8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED	TIME	<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	1			6/19/2021	2:56	<input checked="" type="checkbox"/> PM																																																																																									
2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS, STREET, CITY, STATE, ZIP	PRIMARY 23 SECONDARY 28	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																																																																																								
3	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING LEWIS, DAWN M ARREST NAME	SECTION 72.006 CITATION NO. 18562	EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM																																																																																									
1	<input checked="" type="checkbox"/>	11	1	<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	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																																																																																							
2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																																																																																								
3	<input type="checkbox"/>			OFFICER ID. 109 SIGNATURE DAVE DISTIN	BEAT / DIST.	SUPERVISOR ID. NATHAN ELBUS, 261	8/11/2021	8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																																																																																								

UNIT 1

UNIT 2

X002276621

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 traveling eastbound on Locust street in the 300 block and stopped at the 2-way stop sign at the intersection of North 4th Street and Locust Street. Unit 2 was traveling northbound on North 4th Street and had the right of way. Unit 1 entered the intersection of 4/Locust without yielding, when unit 2 legally occupied the intersection. The front of unit 2 struck the passenger side of unit 1 causing damage to the front of unit 2 and to the passenger side of unit 1.

LOCAL USE ONLY

U1 COLOR Silver, Aluminum	U2 COLOR Taupe	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: 2	U1 TOWED BY / TO: peters Towing			
U2 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 2	U2 TOWED BY / TO: Quincy Auto Salvage			

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
 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	<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

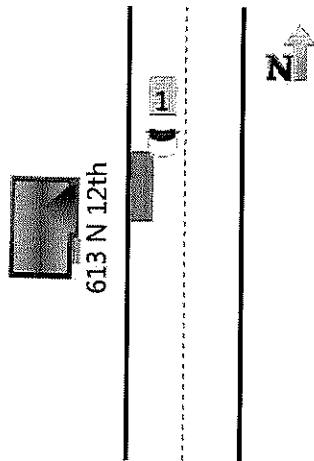
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

X002277811

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, driven by an unknown driver, was south bound on 12th St in the 600 Block of N 12th. A 1990 Bison Trailer, owned by Brad McClain, was parked in front of 613 N 12th.

Unit 1 left its lane and struck the trailer pushing it partially off the roadway. Unit 1 then left southbound on N 12th St. An unidentified witness who observed the wreck told McClain they believed Unit 1 was a gray Chevrolet Silverado. See GOR for further details.

LOCAL USE ONLY

U1 COLOR Gray	U COLOR	U1 Race: U	U Race:
U1 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 9	U1 Drug 1 000	U1 Drug 2
U TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:	U Drug 1	U Drug 2
U1 TOWED BY / TO:		U TOWED BY / TO:	

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. _____ 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 _____