

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002376337

DRAC 1 1 TRFD 3 TRFC 4 WEAT 1 DRVA 2 VIS 1 1 VEHD 1 1 LGHT 1 COLL 11 MANV 11 11

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 A No Injury / Drive Away B Injury and / or Tow Due to Crash YR 21 AGENCY CRASH REPORT NO. 21728 TRFW 2

ADDRESS NO. HIGHWAY OR STREET NAME BROADWAY CITY QUINCY COUNTY ADAMS DATE OF CRASH 9/20/2021 TIME 1:34 INTERSECTION RELATED Y PRIVATE PROPERTY Y HIT & RUN Y DOORING WITH PEDALCYCLIST? N # OF MOTOR VEHICLES INVLD 2 FLOW CONDITION SLOW STOPPED FREE FLOW

DRIVER LADNER, SHEILA A BIRTH 1968 MAKE FORD MODEL EDGE YEAR 2011 CITY ROCKPORT STATE IL ZIP 62370 INJ O EJECT 1 EPTH PLATE NO. CU36444 STATE IL YEAR 2021 POINT OF FIRST CONTACT 13

DRIVER TOURNEAR, LAWRENCE J BIRTH 1950 MAKE CHEVROLET MODEL S10 YEAR 2002 CITY QUINCY STATE IL ZIP 62301 INJ O EJECT 1 EPTH PLATE NO. 106LJTB STATE IL YEAR 2022 POINT OF FIRST CONTACT 6

PASSENGERS & WITNESSES ONLY TABLE (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPTH) (NAME) (ADDR) (TEL) (HOSP) (EMS) DAMAGED PROPERTY OWNER NAME LADNER, SHEILA A ARREST NAME LADNER, SHEILA A ARREST NAME OFFICER ID. 168 SIGNATURE KENYELL BAILEY BEAT / DIST. SUPERVISOR ID. Susan Vahlkamp, 302 COURT DATE 11/20/2021 TIME 8:30

UNIT 1 UNIT 2

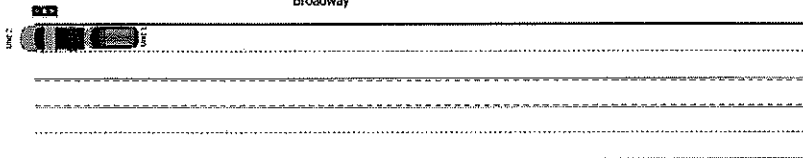
VEHT 15 U1 U2 # LNS 4 U1 U2 ALIGN 1 U1 U2 RSUR 1 U1 U2 VEHU 2 U1 U2 SPDR 0 U1 U2 RDEF 1 U1 U2 BAC 996 U1 U2 # OCCS 1 U1 U2 DIRP 7 U1 U2 SLMT 30 U1 U2 30 U2

X002376337

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



Broadway



24th

NARRATIVE (refer to vehicle by unit #)

Units 1 and 2 were west on Broadway. Unit 2 was stopped for a red light. Unit 1 rear-ended Unit 2. The driver of Unit 1 was cited for failure to reduce speed to avoid an accident and released on a promise to comply.

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
Infrastate
Not In Comm./Govt.
Not in Comm./Other

USDOT NO.
ILCC 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
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
2
TOTAL VEHICLE LENGTH
NO. OF AXLES

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

LOCAL USE ONLY

N 0.0000
W 0.0000

U1 Race: W

U2 Race: W

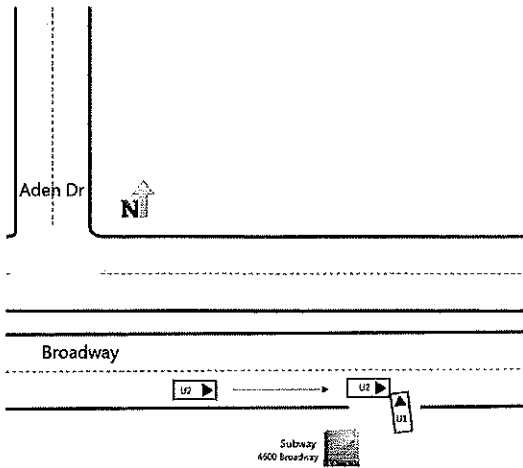
U1 COLOR Maroon
U2 COLOR Green
U1 Drug 1 000
U1 Drug 2
U2 Drug 1 000
U2 Drug 2

U1 TOWED DUE TO
DISABLING DAMAGE
NOT DISABLING DAMAGE
DAMAGE EXTENT: 1
U1 TOWED BY / TO:

U2 TOWED DUE TO
DISABLING DAMAGE
NOT DISABLING DAMAGE
DAMAGE EXTENT: 2
U2 TOWED BY / TO:

X002377735

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 #)

U2 was eastbound on Broadway. As U1 was exiting the Subway Parking Lot onto Broadway, U1 failed to yield and struck U2. U1 stated she thought U2 had her turn signal on.

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
 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 _____

LOCAL USE ONLY

U1 Race: W

U2 Race: W

U1 COLOR **White** U2 COLOR **Silver, Aluminum** U1 Drug 1 **000** U1 Drug 2 _____ U2 Drug 1 **000** U2 Drug 2 _____

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO :

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U2 TOWED BY / TO :

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

* X002377428 *

DRAC U1	1	TRFD	1	TRFC	4	WEAT	1	DRVA	2	U2	1	VIS	1	U2	1	VEHD	1	U2	1	LGHT	1	COLL	11	MANV	11	11
------------	----------	------	----------	------	----------	------	----------	------	----------	----	----------	-----	----------	----	----------	------	----------	----	----------	------	----------	------	-----------	------	-----------	-----------

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		YR 21		AGENCY CRASH REPORT NO. 21795		TRFW 2			
ADDRESS NO. 100		HIGHWAY OR STREET NAME BROADWAY		City <input checked="" type="checkbox"/> Township <input type="checkbox"/> QUINCY		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 9/21/2021		TIME 7:01		SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE)		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 INVOLV'D 2		FLOW CONDITION <input type="checkbox"/> SLOW <input checked="" type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	

<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) LITREL, SPENCER D		BIRTH 1997		MAKE HONDA		MODEL ACCORD		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 2 9 16 3 8 4 7 6 5 REAR		TOWED DUE TO CRASH <input checked="" 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		COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		* IF YES SEE SIDEBAR			
CITY QUINCY		STATE IL		ZIP 52402		SEX M		SAFT 2		AIR 9		AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL IN VEH. <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL ENGAGED AT CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		PLATE NO. KTW027		STATE IA		YEAR 2022		POINT OF FIRST CONTACT 13		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"		STATE IA		CLASS C		CDL ID		VIN 1HGCM82697A004944		PEDV		PPA		PPL		HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"			

<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) HICKS, ASHLEE D		BIRTH 1984		MAKE CHEVROLET		MODEL IMPALA		YEAR 2016		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 6 5 REAR		TOWED DUE TO CRASH <input checked="" 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		COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		* IF YES SEE SIDEBAR			
CITY TAYLOR		STATE MO		ZIP 63471		SEX F		SAFT 2		AIR 9		AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL IN VEH. <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL ENGAGED AT CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		PLATE NO. XB3F9P		STATE MO		YEAR 2022		POINT OF FIRST CONTACT 6		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"		STATE MO		CLASS F		CDL ID		VIN 2G11Z5SAXG9149201		PEDV		PPA		PPL		HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"			

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 9/21/2021	TIME 7:01	<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	
	1	<input checked="" type="checkbox"/>	11	1			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	
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 28	SECONDARY 99	EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	
UNIT 2	(EVNO)	(MOST)	(EVNT)	(LOC)	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
	1	<input checked="" type="checkbox"/>	11	1	LITREL, SPENCER D	72.051	1				
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.				
	3	<input type="checkbox"/>			OFFICER ID. 168	SIGNATURE KENYELL BAILEY	BEAT / DIST.	SUPERVISOR ID. Susan Vahlkamp, 302	COURT DATE 11/13/2021	TIME 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

UNIT 1

UNIT 2

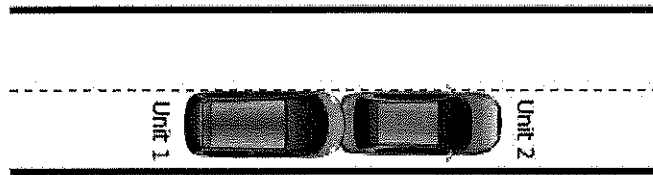
VEHT
U1 **1**
U2 **1**
#LNS **2**
U1 **2**
U2 **2**
ALIGN **1**
U1 **1**
U2 **1**
RSUR **1**
VEHU **2**
U1 **2**
U2 **0**
SPDR **0**
U1 **0**
U2 **0**
RDEF **1**
BAC **996**
U1 **996**
U2 **996**
#OCCS **1**
U1 **1**
U2 **1**
DIRP **3**
U1 **3**
U2 **3**
SLMT **30**
U1 **30**
U2 **30**

X002377428

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



Bayview Bridge



3rd

NARRATIVE (refer to vehicle by unit #)

Units 1 and 2 were east on Bayview Bridge. Traffic stopped and Unit 2 did as well. Unit 1 did not stop and rear-ended Unit 2. The driver of Unit 1 was cited for failure to yield and released on a promise to comply.

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

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

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

N 0.0000
W 0.0000

U1 Race: W

U2 Race: W

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO :

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U2 TOWED BY / TO :

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002377427

DRAC 1 U1	TRFD 1 U2	TRFC 1	WEAT 1	DRVA 2 U2	VIS 8 U1	VEHD 1 U2	LGHT 1	COLL 15	MANV 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 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. 21808	TRFW 2
ADDRESS NO. 28TH	HIGHWAY OR STREET NAME Broadway	<input checked="" type="checkbox"/> City QUINCY	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 9/21/2021	TIME 10:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHT 15 U1
<input checked="" type="checkbox"/> 30 (FT) / MI <input checked="" type="checkbox"/> S E W	(NAME OF INTERSECTION OR ROAD FEATURE)	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	2 U2
<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) KENADY, JACQUELINE C	SEX F	SAFT 2	AIR 4	DATE OF BIRTH 1966	2 U2
CITY QUINCY	STATE IL	ZIP 62305	INJ O	EJCT 1	EPHT 0	2 ALIGN U1
PLATE NO. H433895	STATE IL	YEAR 2022	CLASS D	CDL ID 0	VIN 5J6RM4H58GL127620	2 U1
EMSAGENCY	HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	RSUR 1	1 U2

UNIT 1

UNIT 2

MAKE HONDA	MODEL CRV	YEAR 2016	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 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" 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 9	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* IF YES SEE SIDEBAR	1 U1
STATE IL	CLASS D	CDL ID 0	VIN 5J6RM4H58GL127620	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	RSUR 1	1 U2					
EMSAGENCY	HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	VEHU 2	2 U1					

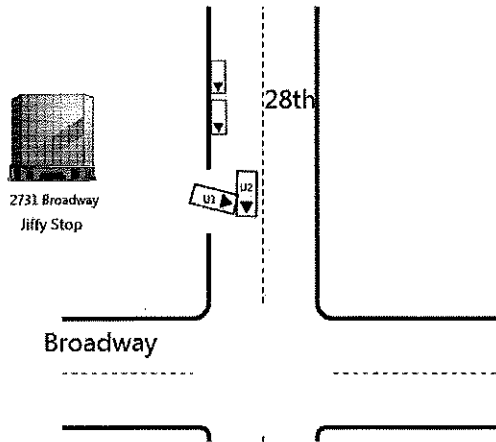
MAKE CHEVY	MODEL SILVERADO	YEAR 2002	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 TOP 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* Distraction Value 9	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* IF YES SEE SIDEBAR	0 U1
STATE IL	CLASS D	CDL ID 0	VIN 2GCEK19T321286663	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	RDEF 1	1 U2					
EMSAGENCY	HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	BAC 996	996 U1					

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 9/21/2021	TIME 10:15 <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	3 U2
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 14	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"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING KENADY, JACQUELINE C	SECTION 72.006	CITATION NO. 21808	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	5 U2
UNIT 2	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	30 SLMT U1
	2	<input type="checkbox"/>			ARREST NAME OFFICER ID. 122	SIGNATURE MATT HERMSMEIER	BEAT / DIST.	SUPERVISOR ID. JEFF NEVIN, 257	COURT DATE 10/21/2021	TIME 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input type="checkbox"/>							Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	30 U2

X002377427

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 #)
 U2 was traveling south on 28th towards Broadway. As U1 was exiting the Jiffy Stop Lot, U1 failed to yield and struck U2. U1 stated her vision was obstructed by bushes and parked vehicles.

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

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 **Blue** U1 Drug 1 **000** U1 Drug 2 U2 Drug 1 **000** U2 Drug 2

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO :

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U2 TOWED BY / TO :

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002377625

DRAC 1 1 TRFD 1 TRFC 1 WEAT 1 DRVA 2 1 VIS 9 9 VEHD 1 1 LGHT 1 COLL 10 MANV 3 1

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 A No Injury / Drive Away B Injury and / or Tow Due to Crash YR 21 AGENCY CRASH REPORT NO. 21819 TRFW 1

ADDRESS NO. 300 HIGHWAY OR STREET NAME North 36th CITY QUINCY COUNTY ADAMS INTERSECTION RELATED DATE OF CRASH 9/21/2021 TIME 12:36 SECONDARY CRASH FLOW CONDITION

DRIVER ERSKINE, KIMBERLEY M MAKE MAZDA MODEL CX-5 YEAR 2014 CIRCLE NUMBER(S) 11, 12, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1 TOWED DUE TO CRASH FIRE DISTRACTED COM VEH

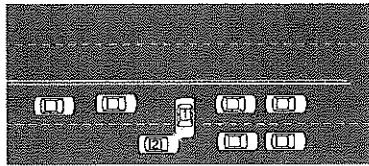
DRIVER HUDSON, REGINA A MAKE CHEVROLET MODEL MALIBU YEAR 2009 CIRCLE NUMBER(S) 11, 12, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1 TOWED DUE TO CRASH FIRE DISTRACTED COM VEH

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

Table with columns: (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME ERSKINE, KIMBERLEY M ARREST NAME CITATIONS ISSUED

X002377625

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



3510 Broadway

NARRATIVE (refer to vehicle by unit #)

The driver of unit 1, Kimberley Erskine, was attempting to turn onto the private drive at 3510 Broadway and in doing so did not see unit 2 as unit 2 was eastbound on Broadway causing unit 2 to crash into the passenger side front quarter panel of unit 1. Erskine was issued a citation for Failure to Yield-Left Turn and released on PTC.

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
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 [] [] []
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 Beige 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: 2 U1 TOWED BY / TO :

U2 TOWED DUE TO [] DISABLING DAMAGE [x] NOT DISABLING DAMAGE DAMAGE EXTENT: 2 U2 TOWED BY / TO :

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002375307

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

INVESTIGATING AGENCY: Quincy Police Department IL. DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: OVER \$1,500. TYPE OF REPORT: B Injury and / or Tow Due to Crash. YR: 21. AGENCY CRASH REPORT NO.: 21660. TRFW: 1. ADDRESS NO.: BROADWAY ST. HIGHWAY OR STREET NAME: BROADWAY ST. CITY: QUINCY. INTERSECTION RELATED: Y. DATE OF CRASH: 9/19/2021. TIME: 5:30. SECONDARY CRASH: YES. FLOW CONDITION: STOPPED.

(CIRCLE) 250 (CIRCLE) N 27TH ST. COUNTY: ADAMS. MAKE: FORD. MODEL: EXPLORER. YEAR: 2016. CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 12. TOWED DUE TO CRASH: YES. FIRE: YES. DISTRACTED: YES. COM VEH: YES.

DRIVER: MALONE, MICHAEL K. SEX: M. SAFT: 2. AIR: 5. PLATE NO.: EH2A9D. STATE: MO. YEAR: 2022. CITY: PALMYRA. STATE: MO. ZIP: 63461. MAKE: GMC. MODEL: YUKON. YEAR: 2016. CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 6. TOWED DUE TO CRASH: YES. FIRE: YES. DISTRACTED: YES. COM VEH: YES.

DRIVER: DOSTER, LISA G. SEX: F. SAFT: 2. AIR: 4. PLATE NO.: JE7H5T. STATE: MO. YEAR: 2022. CITY: MEMPHIS. STATE: MO. ZIP: 63555. MAKE: GMC. MODEL: YUKON. YEAR: 2016. CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 6. TOWED DUE TO CRASH: YES. FIRE: YES. DISTRACTED: YES. COM VEH: YES.

EMERGENCY CONTACTS: Refused. HOSPITAL (TAKEN TO): Refused. INCIDENT RESPONDER: YES.

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

DAMAGED PROPERTY OWNER NAME: MALONE, MICHAEL K. ARREST NAME: MALONE, MICHAEL K. SECTION: 72.051. CITATION NO.: 023151. POLICE NOTIFIED: 9/19/2021. TIME: 5:30. EMS NOTIFIED: 9/19/2021. TIME: 6:30. ROAD CLEARANCE: 9/19/2021. TIME: 6:30. COURT DATE: 10/19/2021. TIME: 8:30.

OFFICER ID: 128. SIGNATURE: KIN BARNARD. BEAT / DIST.: SUPERVISOR ID: CHAD LOGSDON, 259. COURT DATE: 10/19/2021. TIME: 8:30. Workers present? YES.

UNIT 1: 1 3 1967 F 2 5 B 1. UNIT 2: 2 3 2005 F 2 4 O 1. BAC: 996. # OCCS: 2. SLMT: 30.

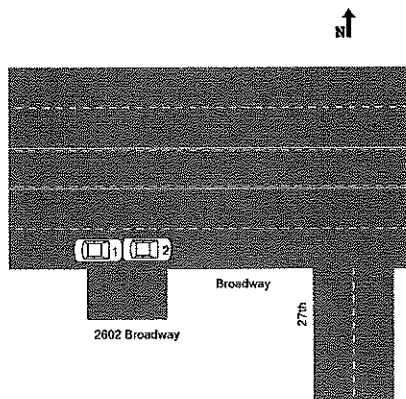
UNIT 1: 1 3 1967 F 2 5 B 1. UNIT 2: 2 3 2005 F 2 4 O 1. BAC: 996. # OCCS: 2. SLMT: 30.

UNIT 1: 1 3 1967 F 2 5 B 1. UNIT 2: 2 3 2005 F 2 4 O 1. BAC: 996. # OCCS: 2. SLMT: 30.

UNIT 1: 1 3 1967 F 2 5 B 1. UNIT 2: 2 3 2005 F 2 4 O 1. BAC: 996. # OCCS: 2. SLMT: 30.

X002375307

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 and unit 2 were both headed east on Broadway in the outside lane just west of 27th. The driver of unit 2 stopped quickly for a vehicle stopped in front of her. The driver of unit 1 was following unit 2 too closely and failed to get stopped in time. Unit 1 hit unit 2's rear with unit 1's front. The driver of unit 1 was given a citation for failure to reduce speed to avoid an accident.

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. _____ 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 _____

LOCAL USE ONLY

U1 Race: **W**

U2 Race: **W**

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3** U1 TOWED BY / TO: **Quincy Auto Salvage**

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3** U2 TOWED BY / TO: **Courtesy Towing**

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

* X002375421 *

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

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 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. 21663	TRFW 1
--	---	--	---	---	-----------------	---	------------------

ADDRESS NO. 334	HIGHWAY OR STREET NAME S 36TH ST	CITY QUINCY	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 9/19/2021	TIME 6:47	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT 2
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(CIRCLE) <input type="checkbox"/> FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY ADAMS	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	U1 1	U2 2	# LNS 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 NAME (LAST, FIRST, M) OSTERMAN, MICHAEL G	BIRTH mo / day / yr 1954	MAKE FORD	MODEL F150	YEAR 2014	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: 3 8: 4 7: 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> DISTRACTED <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * Distraction Value * IF YES SEE SIDEBAR	U1 2	U2 2	ALIGN 1
--	---------------------------------------	---------------------	----------------------	---------------------	--	---	--	----------------	----------------	-------------------

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	POINT OF FIRST CONTACT 1	U1 1
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CITY QUINCY	STATE IL	ZIP 62301	INJ O	EJCT 1	EPHT 0	PLATE NO. 1506417	STATE IL	YEAR 2022	U2 1
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STATE IL	CLASS D	CDL ID 0	VIN 1FTFX1EF2EKE69868	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 1
--------------------	-------------------	--------------------	---------------------------------	---	----------------

EMS AGENCY Refused	PEDV Refused	PPA Refused	PPL Refused	U2 1
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HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y" Refused	U2 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 NAME (LAST, FIRST, M) LEWIS, NANCY L	BIRTH mo / day / yr 1951	MAKE TOYOTA	MODEL CAMRY	YEAR 2021	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: 3 8: 4 7: 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> DISTRACTED <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * Distraction Value * IF YES SEE SIDEBAR	U1 2	U2 2	SPDR 0
---	---------------------------------------	-----------------------	-----------------------	---------------------	--	---	--	----------------	----------------	------------------

SEX F	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	POINT OF FIRST CONTACT 8	U1 0
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CITY QUINCY	STATE IL	ZIP 62305	INJ O	EJCT 1	EPHT 0	PLATE NO. CX56991	STATE IL	YEAR 2022	U2 0
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STATE IL	CLASS D	CDL ID 0	VIN 4T1G11BK8MU043432	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 0
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EMS AGENCY Refused	PEDV Refused	PPA Refused	PPL Refused	U2 1
------------------------------	------------------------	-----------------------	-----------------------	----------------

HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y" Refused	U2 1
---------------------------------------	--	--------------------------	----------------

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1 996
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2	3	/1946	M	2	4	O	1	0		Refused	Refused	U2 996
---	---	-------	---	---	---	---	---	---	--	---------	---------	------------------

												U2 1
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(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 9/19/2021	TIME 6:47	<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
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1	<input checked="" type="checkbox"/>	11	1							U2 5
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2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 20	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	U1 5
---	--------------------------	--	--	---	----------------------	------------------------	--------------	--	--	----------------

3	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING OSTERMAN, MICHAEL G	SECTION 72.048	CITATION NO. 1722	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 30
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1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 9/19/2021	TIME 6:11	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Unknown work zone type	U1 30
---	-------------------------------------	----	---	-------------	---------	--------------	------------------------------------	---------------------	---	---	-----------------

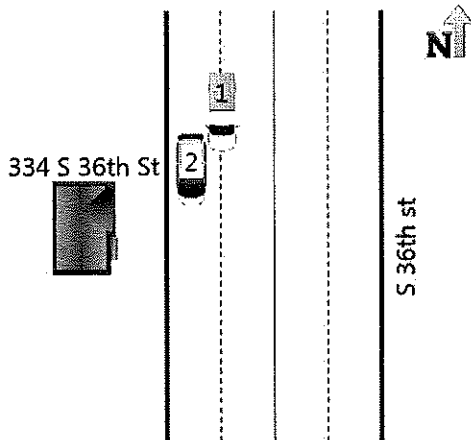
2	<input type="checkbox"/>			ARREST NAME	SIGNATURE Tony Bartolomucci	BEAT / DIST.	SUPERVISOR ID. CHAD LOGSDON, 259	COURT DATE 10/20/2021	TIME 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 30
---	--------------------------	--	--	-------------	---------------------------------------	--------------	--	---------------------------------	---------------------	---	--	-----------------

UNIT 1

UNIT 2

X002375421

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 Michael Osterman, was southbound on S 36th St. Unit 2, driven by Nancy Lewis, was also south bound on S 36th St. Both units were near Engine Company 3 Fire House, 334 S 36th, when Engine Company 3 exited with lights and sirens activated. Unit 1 yielded to Engine Company 3 by moving into the west lane. Unit 1 struck Unit 2 in the rear driver's side when it moved into the west lane. Osterman was issued a citation for improper lane usage and released on PTC.

LOCAL USE ONLY

U1 Race: W

U2 Race: W

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **1** U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE 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
 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 _____

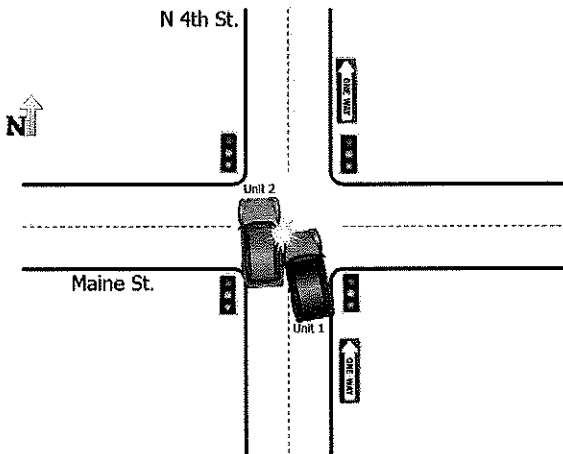
TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"
 TRAILER 1
 TRAILER 2
 TRAILER LENGTH(S) 1 _____ ft 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

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

X002374523

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 and 2 were traveling north on 4th St. Unit 2 was in the left lane of the one way and Unit 1 was in the right lane. Unit 1 started to make a left turn onto Maine St. from the right lane and struck Unit 2 in the passenger side doors. Unit 1 and 2 refused EMS and both Units were able to drive away. Unit 1 driver was issued a citation.

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? Yes No Unknown

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U2 TOWED BY / TO:

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002374230

DRAC 1 1 TRFD 3 TRFC 4 WEAT 1 DRVA 2 VIS 1 1 VEHD 1 1 LGHT 1 COLL 11 MANV 11 11

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 A No Injury / Drive Away B Injury and / or Tow Due to Crash YR 21 AGENCY CRASH REPORT NO. 21568 TRFW 2

ADDRESS NO. 12TH HIGHWAY OR STREET NAME QUINCY CITY TOWNSHIP INTERSECTION RELATED Y N DATE OF CRASH 9/18/2021 TIME 5:39 AM PM SECONDARY CRASH YES NO FLOW CONDITION SLOW STOPPED FREE FLOW

UNIT 1 MAKE JEEP MODEL LIBERTY YEAR 2010 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 13

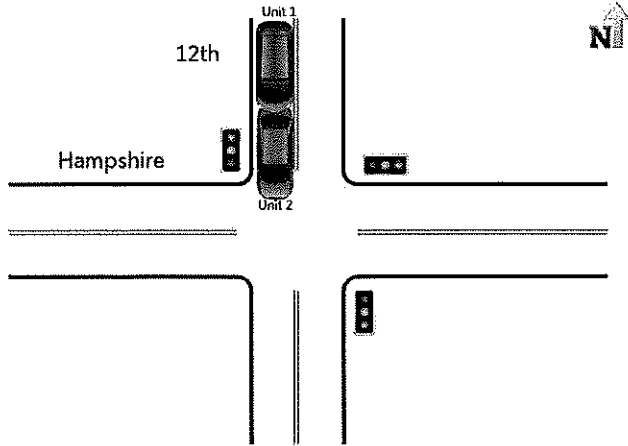
UNIT 2 DRIVER STERNS, RICO A NAME (LAST, FIRST, M) SEX F SAFT 2 AIR 9 INJ O EJECT 1 EPHT 1 PLATE NO. CG21740 STATE IL YEAR 2021 MAKE HYUNDAI MODEL SONATA YEAR 2018 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 11 12 1 11 12 1 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 6

Table with columns: (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT) (EPHT) PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS) BAC 996

UNIT 1 (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME HINKAMPER, REAGAN E ARREST NAME OFFICER ID. 168 SIGNATURE KENYELL BAILEY BEAT / DIST. SUPERVISOR ID. MIKE TYLER, 263 COURT DATE 10/7/2021 TIME 3:00 PM Workers present? Y N

X002374230

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 #)

Units 1 and 2 were south on 12th. Unit 2 was stopped for a red light when Unit 1 rear-ended it. The driver of Unit 1 was cited for failure to reduce speed to avoid an accident and released on a promise to comply.

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 WMDTH(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

N 0.0000
W 0.0000

U1 Race: W

U2 Race: W

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3** U1 TOWED BY / TO: **dan's auto**

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **2** U2 TOWED BY / TO:

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X002373248

DRAC 1 1 TRFD 2 TRFC 1 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 PERSON'S VEHICLE / PROPERTY: OVER \$1,500. TYPE OF REPORT: B Injury and / or Tow Due to Crash. DATE OF CRASH: 9/17/2021. TIME: 11:57. ADDRESS NO.: 7TH STREET. HIGHWAY OR STREET NAME: Madison Street. COUNTY: ADAMS.

DRIVER: GILLILAND, KRISTOFER R. MAKE: NISSAN. MODEL: FRONTIER. YEAR: 2015. CITY: VIRDEN. STATE: IL. ZIP: 62690. PLATE NO.: 3148311. STATE: IL. YEAR: 2022. VIN: 1N6AD0E8FN728123.

DRIVER: OSBORNE, HEATHER M. MAKE: KIA. MODEL: FORTE. YEAR: 2010. CITY: QUINCY. STATE: IL. ZIP: 62301. PLATE NO.: CR60155. STATE: IL. YEAR: 2022. VIN: KNAFW6A33A5121899. EMS AGENCY: Adams County Ambulance Service. HOSPITAL (TAKEN TO): Blessing Hospital.

Table with columns: (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT) PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS). Row 1: 2 5 /2017 F 11 4 O 1 0 Refused Refused.

DAMAGED PROPERTY OWNER NAME: GILLILAND, KRISTOFER R. ARREST NAME: GILLILAND, KRISTOFER R. SECTION: 11-1204B. CITATION NO.: 21530. POLICE NOTIFIED: 9/17/2021. TIME: 11:57. COURT DATE: 10/14/2021. TIME: 9:00. SIGNATURE: MICHAEL CIRINCIONE. SUPERVISOR ID: JEFF NEVIN, 257.

UNIT 1

UNIT 2

TRFW 1 VEHT 2 U1 2 U2 1 # LNS 2 U1 2 U2 2 ALIGN 2 U1 2 U2 2 RSUR 1 U2 1 VEHU 2 U1 2 U2 0 SPDR 0 U1 0 U2 0 RDEF 1 U2 1 BAC 996 U1 996 U2 1 # OCCS 1 U1 2 U2 7 DIRP 5 U2 30 SLMT 30 U1 30 U2 30

X002373248

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 south on 7th at Madison Street. Unit 1 was traveling west on Madison at 7th Street. Unit 1 failed to stop at the stop sign and collided with unit 2. The driver of unit 2 was approximately 6 months pregnant. The driver of unit 2 went to Blessing Hospital by ambulance. I later met with the driver of unit 2 at Blessing Hospital. The driver advised she and her unborn baby were ok and she was going to be discharged. She was issued citations for operating an uninsured vehicle and driving without a valid license.

LOCAL USE ONLY

U1 Race: W

U2 Race: B

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO :

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: 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 Infrastate 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 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

X002373247

DRAC 1 1 TRFD 2 TRFC 4 WEAT 1 DRVA 2 VIS 1 1 VEHD 1 1 LGHT 1 COLL 15 MANV 7 1

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 A No Injury / Drive Away B Injury and / or Tow Due to Crash YR 21 AGENCY CRASH REPORT NO. 21246 TRFW 1

ADDRESS NO. HIGHWAY OR STREET NAME 3RD STREET CITY QUINCY TOWNSHIP COUNTY ADAMS DATE OF CRASH 9/14/2021 TIME 4:16 SECONDARY CRASH FLOW CONDITION

(CIRCLE) FT / MI N S E W Cedar Street AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE) MAKE KIA MODEL SPORTAGE YEAR 2005 CIRCLE NUMBER(S) FOR DAMAGED AREA(S)

DRIVER MCCAUGHEY, SEAN G SEX M SAFT 9 AIR 4 AUTOMATION SYSTEM LEVEL IN VEH. LEVEL ENGAGED AT CRASH POINT OF FIRST CONTACT 12

CITY QUINCY STATE IL ZIP 62301 INJ O EJCT 1 EPTH 0 PLATE NO. CV99579 STATE IL YEAR 2022

STATE IL CLASS D CDL ID VIN KNDJE723057072112 EXPIRED

EMS AGENCY Refused HOSPITAL (TAKEN TO) Refused INCIDENT RESPONDER

DRIVER PARRISH, CALVIN J BIRTH /1966 MAKE FORD MODEL F150 YEAR 2015 CIRCLE NUMBER(S) FOR DAMAGED AREA(S)

DRIVER PARRISH, CALVIN J SEX M SAFT 9 AIR 4 AUTOMATION SYSTEM LEVEL IN VEH. LEVEL ENGAGED AT CRASH POINT OF FIRST CONTACT 10

CITY QUINCY STATE IL ZIP 62301 INJ O EJCT 1 EPTH 0 PLATE NO. 1549741 STATE IL YEAR 2022

STATE IL CLASS D CDL ID VIN 1FTEX1EP3FFA55495 EXPIRED

EMS AGENCY Refused HOSPITAL (TAKEN TO) Refused INCIDENT RESPONDER

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

(EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME DAMAGED PROPERTY POLICE NOTIFIED 9/14/2021 TIME 4:16 Did crash occur in a Work Zone?

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP PRIMARY 02 SECONDARY 18 EMS NOTIFIED TIME EMS ARRIVED TIME

CITATIONS ISSUED PENDING MCCAUGHEY, SEAN G ARREST NAME SECTION 11-904 CITATION NO. 21529 ROAD CLEARANCE TIME

ARREST NAME OFFICER ID. 120 SIGNATURE MICHAEL CIRINCIONE BEAT / DIST. SUPERVISOR ID. JEFF NEVIN, 257 COURT DATE 10/14/2021 TIME 9:00 Workers present?

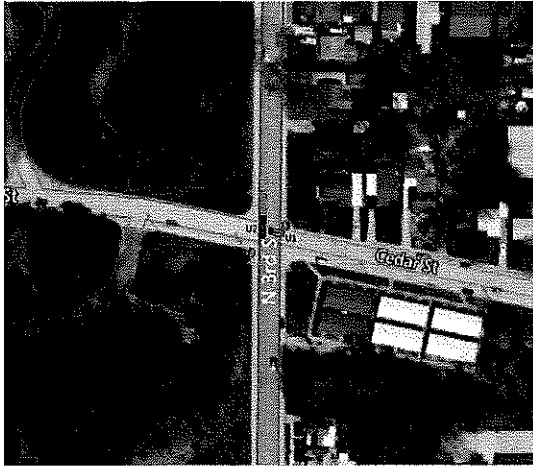
UNIT 1

UNIT 2

VEHT 15 U1 U2 #LNS 2 U1 U2 2 U1 U2 2 U1 U2 1 U1 U2 2 U1 U2 0 U1 U2 0 U1 U2 1 U1 U2 996 U1 U2 #OCCS 1 U1 U2 1 U1 U2 7 U1 U2 5 U2 SLMT 30 U1 U2 30 U2

X002373247

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 south on 3rd Street. Unit 1 stopped at the stop sign facing west and failed to yield to right of way before continuing through the intersection and struck the side of unit 2. Unit 2 was pulling a trailer. Damage to unit 2 extended all the way to the trailer fender.

LOCAL USE ONLY

U1 Race: A

U2 Race: B

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

U1 TOWED DUE TO [] DISABLING DAMAGE [] NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO :

U2 TOWED DUE TO [] DISABLING DAMAGE [] NOT DISABLING DAMAGE DAMAGE EXTENT: 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? [] 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