ILLING	IS	TR	<u>AFFI</u>	C C	RAS	SH	REI	POF	ΣT	Sheet <u>1</u> of <u>1</u>				···			_								
DRAC 9		TR/FD	TRF	i v	<b>1</b>	DRV/	١		vis 1	1 VEHS	.		<b>4</b>	6	MANV 1	U					IY003		LENI   E   6	* X002426252	* IRECT TO INT 1624 TOTAL
INVESTIGATI	NG AG	ENCY		L_						AGE TO ANY	,	00 OR L		F7 0)	TYP	E OF REPO	สา	□ A No	Injury / Drive	a Away		YR	AG 1	ENCY CRASH REPORT NO.	TREW
					01 - \$1.5 ÆR \$1.5		□ NO	OT ON SCEN	E (DESK R	EPORT)	⊠ B Inju	ny and / or T	ow Due to	Crash	2	1	2021AC155	2							
ADDRESS NO	D.				HIGHWA	YORS	TREET	NAME						City		Тома	nstrip 🔲		non 🖺 Y	50.0	DATE OF CRASH	TIME		SECONDARY CRASH	VEHT <b>2</b>
E CLARKSVILLE RD						MAR			MARSHALL -		RELATED Y 2		₽N	10/31/2021	5:00	☑ A □ P		U1							
	(CIR	(2.E)		(CIRC	LE)									COUNTY	,			PROPERTY	Ϋ́	⊠N	DOORENG D	# OF	MOTOR IICLES INVLI	☐ STOM	
☑ <b>0</b>				E (	<b>∞</b> _	ILLIN	IOIS		INTER	SECTION OR ROAD	T EEATH	ios)		CLA	₹K			HIT & RUN	ΠY	ŬN	WITH PEDALCYCLIST?		1	STOPPED  FREE FLOW	#LNS
		KED [		LESS	□PED	□PEI				N NCV DV	DATE	OF BIRT	000	MAKE			MODEL F150			YEAR 201	FOR DAMAGED ARE		PRONT 10	TOWED Y N	W.
NAME (LAST STREET AD	, FIRS	T, M)									mo SEX	/ day /	yr AIR	1.012	AUTOMATI	ION	LEVEL		LEVEL		13 - UNDER CARRIA	GE 1	O TOP	2 FIRE 🗆 🗹	1
SIRRETAD	DRESS	,		ı							M	9	5	Y	SYSTEM NO		IN VEH.	9	ENGAGE:		14 - TOTAL (ALL) 15 - OTHER	•	9 16	3 DISTRACTED 🗆 🗹	ALIGN
CITY						STATE			_	P	INJ	EJOT	EPTH	PLATE	NO.		STATE		L	YEAR	POINT OF   '	12	القائد	COM VEH	<b>2</b>
MARSH						IL,			6	2441	0	1	0	M22	9619		1L	. ,		202	1 FIRST CONTACT	12	REAR	• IF YES SEE SIDEBAR	
PHONE NUM	MBER					DRIVE	RLICE	NSE NO			STATE	E CLASS D	CDF 10		F1C85GK	Œ33190			JRANÇE CI CÎNNATÎ	ο,				EXPIRED  ☐ Y ☑ N	ı U
EMS AGENO											PEDV	PPA	PPL	CLA	E DWNER (I	AR WA	TER	<u>'</u>					POLICY NO. ETA058		ASUR 1
HOSPITAL (	TAKEN	TO									INCI RESP	DENT ONDER N	IF "Y"		STREET, C			2441				-	PHONE NUM	暗色	VEHU
DRIVER	PAR	KEC (	DRIVER	LESS	□PED	□PEC	AL [	EQUE	S □ NBV	NCV DPV		OF BIRT	н	MAKE	-		MODEL			YEAF	CIRCLE NUMBER(S) FOR DAMAGED ARE		FRONT	TOWED Y N	101
NAME (LAST STREET AD											mo SEX	/ day /		<u> </u>	AUTOMATI	ION	LEVEL		LEVEL		13 - UNDER CARRIA	kGE 1	Or TOP	2 FIRE O	lar.
STICLLIAN	JI LGC	,									1			DY	SYSTEM		IN VEH.		ENGAGE!		14 - TOTAL (ALL) 15 - OTHER		9 16	3 DISTRACTED [	SPOR
any						STATE			Z	JP	INJ	EJCT	ЕРТН	PLATE			STATE		I	YEAR	99 - UNKNOWN POINT OF FIRST CONTACT		6 REAR	COM VEH	U 0
PHONE NUM	MBER					DRIVE	RLICE	KSE NO	•		STATE	CLASS	CDL ID	VIN				INSL	JRANGE CO	D				EXPIRED DY DI	
EMS AGEN	Ϋ́										PEDV	PPA	PPL	VEHICL	E OWNER (I	LAST, FIRS	T. M.I.)						POLICY NO.		1
HOSPITAL (	TAKEN	TO)					***				INCI RESF	INCIDENT IF 'Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP)  □ Y □ N I					PHONE NUMBER			- 996					
(UNIT) (SE	AT)	(DO	5)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT) (	EPTH)		PASSE	NGERS	& WIT	NESSES	ONLY	(NAM	E) / (ADDR	R)/(TEL)			(HOS	P)		(EMS)	_U1
	-								_																U U
				_																					#occs
																									_ 1 _ut
																							ŀ		
(EVI	(O)	(OST)	-	(LOC)	DAMA	GED PR	ROPER	TY OWN	ER NAM	Œ						DANAGED	PROPER	37			POLICE NOTIFIED		, ☑ AM	Did crash occur Y	υ DIRP
1	_  1	Ц	1	3	DDCD!		WAINIED	e anne	EQQ. DT	REET, CITY, STATE	7!P						PRIN	WARY	\$E	CONDAR	10/31/2021	TIME		in a Work Zone? ☑ N	4
E 2		<u> </u>	37	3			S ISSU		PEND		,		T	SECTION			1	9 CITATION NO		28	EMS ARRIVED	TIME	□ AM □ PM	If YES check one below:	ut
3		Щ						- I	₩ FEMD	(Inc.)			,	- P. L P P P P P P				our con the	~		231071101120		□ AM □ PM	☐ Maintenance	U
1	1				□ cn		S 188U	EO [	PEND	ING				SECTION				CHATION NO	5.		ROAD CLEARANCE 10/31/2021		Mad D □ M	Unknown work zone type	55
2					ARRES OFFICE	ER ID.	Æ			<sub>iature</sub> emiah Hanle			1		BEAT/DIS	Ť.		iscrid.	ahan A	8	COURT DATE	TIME	□ AM.	Workers present? ☑ Y	
3					4				Jei	Citian name	· y						Cital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							u

X002426252	A Diagram and Nar	rative are required on a	LARGE TRUCK, BUS, OR HM VEHICLE								
	even if units have l	been moved prior to t	he officer's arriv	IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.							
		Clarksville Rd.	A CMV is defined as any motor vehicle used to transport passengers or property and:								
	<u></u>	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				
Central State dri			ivewáy				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				
							<ol><li>Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).</li></ol>				
Diagram Dra	wn Not To Scale				UNIT						
						CARRIER NAME					
Ne					ADDRESS						
							**************************************				
NARRATIVE (refer to vehicle	e by unit #)						CITY/STATE/ZIP				
Unit One was t	Central State driveway  Diagram Drawn Not To Scale  TIVE (refer to vehicle by unit #) t One was traveling east on Clarksville Rd at Central State. Unit One left the ro the right hand side of the road. Unit one struck a culvert and driveway ditch. Un n came to a rest in the yard of Central state. Driver Cole Livvix admitted to usin thol and cannabis prior to the accident. He also was using the company truck of Clark Edgar Water for personal use. He admitted the reason he did not call in the dident at 0500 when it occured was he was scared becuase he had been drinkin toking cannabis. He was given a citation for failure to reduce speed to avoid an						MOTOR CARR. ID ☐ Interstate ☐ Intrastate ☐ Not In Comm./Govt. ☐ Not In Comm./Other				
on the right har	nd side of the roa	d. Unit one stru	ck a culver	t and drive	way ditch.	Unit One	USDOT NOILCC NO				
			Source of above  Side of Truck Papers Driver Log Book GWR/GCWR								
alcohol and car	nnabis prior to the	e accident. He a	lso was us	ing the con	npany truc	k owend	☐ <10,000 ☐ 10,000 -26,000 ☐ >26,000				
by Clark Edgar	Water for persor	nal use. He adm	itted the re	ason he di	d not call i	n the	Were HAZMAT placards on vehicle? ☐ Yes ☐ No  If yes, name on placard				
accident at 050	00 when it occure	d was he was s	cared becu	ase he had	d been drin	ıking and	4 digit UN NO. 1 digit Hazard Class NO.				
smoking canna	bis. He was give	n a citation for f	ailure to red	duce speed	I to avoid a	an	Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? ☐ Yes ☐ No ☐ Unknown				
accident.							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				
							Form Number				
							IDOT PERMIT NO WIDELOAD? [] Y				
LOCAL USE ONLY				<u> </u>			TRAILER VIN 2				
		39.4129	Race: W	U Ra	nce:		TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"  TRAILER 1				
Us on on 1877-74-	U COLOR	<i>I</i> -87.7263	U1 Drug 1 000	U1 Drug 2 000	U Drug 1	U Drug 2	TRAILER 2				
U1 COLOR White	AGE NOT DISABLING DAMAGE	DAMAGE EXTENT: 3		: MURPHY TO	L	- 5149 2	TOTAL VEHICLE LENGTH				
DOE 10	AGE NOT DISABLING DAMAGE	<del></del>	U TOWED BY / TO				SELECT CODES FROM BACK OF CRASH BOOKLET  VEHICLE CONFIG CARGO BODY TYPE LOAD TYPE				
DUE TO -			1								

•

# **Driver Information Exchange**

IVESTIGATING A	GENCY OFFICE	R'S NAME / (ID)	AGENCY RPT NO.	REPORT ID
Clark County Sh		. Hanley / 4	2021AC155	2925
OUNTY	CITY OR TOWNSHIP	CRASH LOCATION A		CRASH DATE
CLARK	MARSHALL	E CLARKSVILLE RD	/ ILLINOIS ST	10/31/21
DRIVER'S NA	ME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
LIVVIX, CO	DLE, A.		2016 FORD	F150
	DRESS (Street, City, State, Zip		PLATE NO. / STATE	DRIVER'S LICENSE NO.
	MARSHALL, IL		M229619 IL	IL
VEHICLE OW	NER'S NAME (Last, First, M.I.	OWNER'S PHONE	VIN	
CLARK ED	GAR WATER,		1FTMF1C85GKE33:	190
VEHICLE OW	NER'S ADDRESS (Street, City	, State, Zip)	VEHICLE OWNER'S IN	ISURANCE / POLICY
475 IL HW	VY 1 MARSHALL, IL 62441		Cincinnati	ETA0587351
DRIVER'S NA	AME (Last, First, M.L)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
DRIVER'S AD	DDRESS (Street, City, State, Zip	p)	PLATE NO, / STATE	DRIVER'S LICENSE NO.
VEHICLE OW	/NER'S NAME (Last, First, M.I	OWNER'S PHONE	VIN	
VEHICLE OW	VNER'S ADDRESS (Street, City	r, State, Zip)	VEHICLE OWNER'S IN	ISURANCE / POLICY
DRIVER'S NA	AME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
DRIVER'S AL	DDRESS (Street, City, State, Zlį	) )	PLATE NO. / STATE	DRIVER'S LICENSE NO.
VEHICLE OW	VNER'S NAME (Last, First, M.I	OWNER'S PHONE	VIN	
VEHICLE OV	VNER'S ADDRESS (Street, City	v, State, Zip)	VEHICLE OWNER'S IN	NSURANCE / POLICY
DRIVER'S NA	AME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
DRIVER'S AL	DDRESS (Street, City, State, Zi	p)	PLATE NO, / STATE	DRIVER'S LICENSE NO.
VEHICLE OV	VNER'S NAME (Last, First, M.	OWNER'S PHONE	VIN	
VEHICLE OV	VNER'S ADDRESS (Street, City	/, State, Zip)	VEHICLE OWNER'S IN	NSURANCE / POLICY

# Duty to Report Accident (625 ILCS 5/11-406)

Illinois Statute requires the driver of a vehicle involved in a crash to complete an Illinois Motorist Report.

Please go to the URL below to complete this.

http://motoristreport.illinois.gov

If you are unable to file the form online, please contact (217) 785-2736.

# Legal Requirements

Pursuant to 625 ILCS 5/11-406, the driver of a vehicle that is in any manner involved in an accident within this State, resulting in injury to or death of any person, or in which damage to the property of any one person, including himself, in excess of \$1,500 (or \$500 if any of the vehicles involved in the accident is subject to Section 7-601 but is not covered by a liability insurance policy in accordance with Section 7-601 [625 ILCS 5/7-601]) is sustained, shall, as soon as possible but not later than 10 days after the accident, forward a written report of the accident to the Administrator. The Administrator is the Administrator of the Illinois Safety and Family Financial Responsibility Law in Chapter 7 of the Code.

(REV 02/10)

	ILLII	NOIS CITA	ATION A	AND CO	MPL	AINT		j.		
						icket Nu	uiper:	014000393		
	!   <b>     </b>		H (HIII ) II (II				C	OMPLAINT		
G G	ase No.	Beet 08			SubB	eat				
	county of CLASK		Townsl	भंक वा						
ļ	PEOPLE STATE	of ILLINOIS				٧	5.			
	NAME				-	SID#				
	.IVVIX .AST		COLE FIRST		<u> </u>	DOLENA EYES	ME			
	DDRESS			APT	.	BRO		MALE		
ł	CITY STATE ZIP MARSHALL IL 63	ITY STATE ZIP				HAIR .K	HEIGHT 5'10"	WEIGHT 135 LBS		
1	ne Ho			STATE	GDL		PIR. DATE 23/2026	2000		
e	Undersigned state	s that on	(0/31/20:			a	F.OD A			
e	REG NO.	у орстрас.		STATE	Mohi	AR	00 au	OT #		
Į	M229619 MAKE			1	YEAR		COLO			
5	FORD F150			VEHICLE U	2018		WHI	ΓE		
KEN.	TRUCK	MEHICLE	☐ YES <b>3</b> NO							
	a Pedestrian of Pa			16 OR MOS						
VIOLATION	625 ILCS 6/11- Nature of Offens		REDUC	E SPEED	(6880	800)				
INCIDENT	ACCIDENT TYF Crash Report Road Conditions: I Visibility: NIGHT; C Methods: ACCIDE Notations:	2021AG15 DRY LEAR	5		CAO N	la:	RIVING.			
RELEASE	METHOD OF R NOTICE TO AR	PEAR								
E	WITHOUT ADMIT	TING GUILT, I	promise t	o comply w	illi the	lerins (	of this Tick	et and Release.		
a) Date	CIRCUIT COU	RT LOCATI NO CO CLARK CO CLARK CO	JRT AF	PEARA OURTHOU	NCE ISE	REQ	UIRED			
501 ARCHER AVENUE PO BOX 187 5 Court Location MARSHALL IL 62441										
Ċ	Date: 12/06/20	21		Tin	e: 9:0	MA O				
				ONS In the						
Pr çe	der penalties as pro ocedure and perjury rdfles that the states CTOBER 3	parauant to nonts set fort	Section 32	-2 of the Cr	iminal u tive i	Cade o	f 2012, the	9 of the Code of undersigned \$4		
_	CIONER 3		/ear	Officer		LEY. J		ID No.		

### Read These Instructions Carefully

Your ticket has been marked ⊠ NO COURT APPEARANCE REQUIRED. You have the following two (2) options:

 If you wish to plead "GUILTY", complete the "PLEA OF GUILTY AND WAIVER" provided and follow those instructions. Mail the guility plea with full payment in the applicable amount noted below.

#### FINES, PENALTIES, ASSESSMENTS, AND COSTS

The amount of payment for offenses where court appearances are not required is:

(a) \$164.30 for any violation under the illinois Vehicle Code (625 ILCS 5/1 et seq.) defined as a minor traffic offense pursuant to Supreme Court Rule 501(f), except (b) below;

(b) \$260,00 plus the minimum fine set by statute for truck overweight and pernit violations under 3-401(d), 45-111, 15-113,1, 15-113,2 or 15-113,3 of the illinois Vehicle Code (325 ILCS 5/3-401(d), 16-111, 15-113,1, 15-113,2 or 15-113,3);

(c) \$185.08 for any violation defined as a Conservation Offense under Supreme Court Rule 501(s) for which civil penalties are not required.

#### Payment Octions

The Clark County Circuit Clark accepts payment in person or by mall. Payment must be by cash, certified check, or bank draft. Parsonal checks are not accepted as payment. Do not send cash if paying by mail.

If you wish to plead "NOT GUILTY", complete the portion of the form entitled "Avoid Multiple Court Appearances" and follow those instructions. If you are found guilty, the total amount assessed may be greater than the amount assessed on a guilty plea.

#### Method of Release - Failure To Appear

The method of release is noted in the "Release" section. The result of your failure to appear or pay this ticket is determined by the method of release identified below and whether your ticket is marked "Court Appearance Required" or "No Court Appearance Required" and may result in either a judgment of conviction being entered against you for fines, penalties, assessments, and costs as provided in the NOTICE OF CONSENT FOR ENTRY OF JUDGMENT; or, the court may order other consequences identified below:

#### NOTICE TO APPEAR

DEVICE IX 15 ÇI FIM: 3 AQ 197. DIFT (YAMENT: 464 Å): The court may issue a warrant for your arrest.

# NOTICE OF CONSENT FOR ENTRY OF JUDGMENT

If you were charged with an offense which does not require a court appearance, YOU ARE HEREBY NOTIFIED THAT:

If you do not satisfy the charge(s) against you prior to the date set for your appearance, or any date to which the case is continued, you do not submit a written plea of guilty to the clerk at least three (3) days before the date, and you fall to answer the charge(s) or appear in court when required, you thereby consent to the entry of a judgment of conviction against you in the amount of the statutory minimum fine, plus the assessment in the applicable schedule for the charged offense as provided in the Criminal and Traffic Assessment Act (705 ILCS 135/1 et seq.). The total amount assessed may be greater than the amount assessed on a guilty plea. Any cash ball or other security you have deposited will be applied toward payment. If you are an Illinois Driver and you fall to pay in full any judgments imposed, a notice will be sent to the Secretary of State and your driver's license will not be renewed, reissued, or reclassified, until full payment is received.