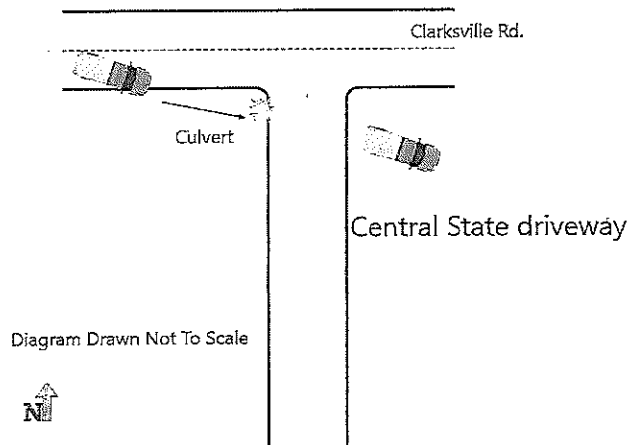


X002426252

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 One was traveling east on Clarksville Rd at Central State. Unit One left the roadway on the right hand side of the road. Unit one struck a culvert and driveway ditch. Unit One then came to a rest in the yard of Central state. Driver Cole Livvix admitted to using alcohol and cannabis prior to the accident. He also was using the company truck owend by Clark Edgar Water for personal use. He admitted the reason he did not call in the accident at 0500 when it ocured was he was scared because he had been drinking and smoking cannabis. He was given a citation for failure to reduce speed to avoid an accident.

LOCAL USE ONLY

N 39.4129
W -87.7263

U1 Race: W

U Race:

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3** U1 TOWED BY / TO: **MURPHY TOWING**

U TOWED DUE TO DISABLING DAMAGE 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.

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 _____

Driver Information Exchange

INVESTIGATING AGENCY	OFFICER'S NAME / (ID)	AGENCY RPT NO.	REPORT ID
Clark County Sheriff's Office	Dep. J. Hanley / 4	2021AC155	2925
COUNTY	CITY OR TOWNSHIP	CRASH LOCATION ADDRESS	CRASH DATE
CLARK	MARSHALL	E CLARKSVILLE RD / ILLINOIS ST	10/31/21

UNIT 1	DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
	LIVVIX, COLE, A.		2016	FORD F150
	DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
	[REDACTED] MARSHALL, IL 62441		M229619 IL	[REDACTED] IL
	VEHICLE OWNER'S NAME (Last, First, M.I.)	OWNER'S PHONE	VIN	
	CLARK EDGAR WATER,		1FTMF1C85GKE33190	
	VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S INSURANCE / POLICY	
	475 IL HWY 1 MARSHALL, IL 62441		Cincinnati ETA0587351	

UNIT 1	DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
	DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
	VEHICLE OWNER'S NAME (Last, First, M.I.)	OWNER'S PHONE	VIN	
	VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S INSURANCE / POLICY	

UNIT 1	DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
	DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
	VEHICLE OWNER'S NAME (Last, First, M.I.)	OWNER'S PHONE	VIN	
	VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S INSURANCE / POLICY	

UNIT 1	DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
	DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
	VEHICLE OWNER'S NAME (Last, First, M.I.)	OWNER'S PHONE	VIN	
	VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S INSURANCE / 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.

ILLINOIS CITATION AND COMPLAINT
CLARK COUNTY SHERIFF

Ticket Number: **014000393**



DCN: []

COMPLAINT

COMPLAINT

Case No.	Beat 08	SubBeat
County of CLARK	Township of	
<input type="checkbox"/> PEOPLE STATE OF ILLINOIS vs.		

DEFENDANT

NAME LIVVIX LAST ADDRESS STREET CITY STATE ZIP MARSHALL IL 62441 DR. LIC	COLE FIRST	SID # A MIDDLE NAME BRO	EYES BRO	<input checked="" type="checkbox"/> MALE
APT#	HAIR BLK	HEIGHT 5'10"	WEIGHT 135 LBS	
STATE IL	CDL N	EXPIR. DATE 09/23/2026	DOB 2000	

The Undersigned states that on 10/31/2021 at 5:00 AM defendant did unlawfully operate:

REG NO. M229819	STATE IL	NO/YEAR	US DOT #
MAKE FORD F150	YEAR 2015	COLOR WHITE	
TYPE TRUCK	VEHICLE USE: COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACARDED HAZ. MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 18 OR MORE PASS. VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

or as a Pedestrian or Passenger, and upon a Public Highway, or other Location, Specifically
CLARKSVILLE RD @ CENTRAL STATE

located in the County and State Aforesaid and Did Then and There Commit the Following Offense

VIOLATION	<input checked="" type="checkbox"/> ILCS 625 ILCS 6/11-601(a) Nature of Offense: FAIL TO REDUCE SPEED (6080000)
------------------	--

INCIDENT	ACCIDENT TYPE: VEHICLE/OTHER PROPERTY DAMAGE Crash Report: 2021AC155 CAD No: Road Conditions: DRY Visibility: NIGHT; CLEAR Methods: ACCIDENT Notations: ADMITTED TO ALCOHOL AND DRUG USE PRIOR TO DRIVING.
-----------------	--

RELEASE	METHOD OF RELEASE BAIL AMOUNT: \$164 Total Bond/Bail Posted: NOTICE TO APPEAR WITHOUT ADMITTING GUILT, I promise to comply with the terms of this Ticket and Release. Signature X
----------------	--

CourtPlace/Date	CIRCUIT COURT LOCATION, DATE, and TIME <input checked="" type="checkbox"/> NO COURT APPEARANCE REQUIRED CLARK COUNTY COURTHOUSE CLARK COUNTY COURTHOUSE 501 ARCHER AVENUE PO BOX 187 Court Location: MARSHALL IL 62441 Date: 12/06/2021 Time: 9:00 AM
------------------------	--

SEE INSTRUCTIONS in the column to the right.

Under penalties as provided by law for false certification pursuant to Section 1-189 of the Code of Civil Procedure and perjury pursuant to Section 32-2 of the Criminal Code of 2012, the undersigned certifies that the statements set forth in this instrument are true and correct.

OCTOBER 31 2021 *[Signature]* 54
 Month Day Year Officer: HANLEY, J ID No.

Read These Instructions Carefully

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

1. If you wish to plead "GUILTY", complete the "PLEA OF GUILTY AND WAIVER" provided and follow those instructions. Mail the guilty 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) \$164.00 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 permit violations under 3-401(d), 15-111, 15-113.1, 15-113.2 or 15-113.3 of the Illinois Vehicle Code (625 ILCS 5/3-401(d), 15-111, 15-113.1, 15-113.2 or 15-113.3);
- (c) \$165.00 for any violation defined as a Conservation Offense under Supreme Court Rule 501(e) for which civil penalties are not required.

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

2. 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
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 fail 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 bail or other security you have deposited will be applied toward payment. If you are an Illinois Driver and you fail 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.