



Office of the State's Attorney

Union County, Illinois

TYLER R. EDMONDS
STATE'S ATTORNEY

Union County Courthouse
309 West Market Street, Room 239
Jonesboro, Illinois

Telephone: (618) 833-7216
Facsimile: (618) 833-3349

June 17, 2019

[sent via email]

Mark Clay

markc0308@gmail.com

Dear Mr. Clay:

Please consider this our response to your attached Freedom of Information Act request, received via email on June 10, 2019 and summarized below:

Reports regarding an accident around May 7 involving a 2004 Chevy Impala.

Please find attached records responsive to your request with the following information redacted:

- Home addresses, personal telephone numbers, driver's license numbers and license plate numbers are defined as personal information in Section 2(c-5) of FOIA (5 ILCS 140/2(c-5)) and per Section 7(1)(b) of FOIA (5 ILCS 140/7(1)(b)) are exempted.
- Dates of birth are exempt under Section 7(1)(c) of FOIA (5 ILCS 140/7(1)(c)) as approved by the Office of the Attorney General in pre-authorization letter 2011 PAC 13577.

We consider your request completed. If we can be of further assistance, please let us know.

Sincerely,

Public Information Officer
Union County State's Attorney
rhawk@unioncountyil.gov

Enclosure

Cc: Tyler R. Edmonds, State's Attorney
Scott Harvel, Sheriff

Police Report

 DELETE  REPLY  REPLY ALL  FORWARD 



Mark C <markc0308@gmail.com>

Mon 6/10/2019 11:34 AM

Mark as unread

To: Rollie Hawk;

You forwarded this message on 6/10/2019 11:37 AM.

Good Morning Mr. Hawk,

This is Mark Clay, I left you a message last week regarding the FOIA request form to recieve a copy of a police report involving a 2004 Chevy Impala in an accident that occured around May 7th. I was wanting to know what are the necessary steps that I need to take to recieve a copy of the police report. If you need to reach me by cell for more informaytion or clarity my number is [REDACTED].

Thanks,
Mark Clay

DRIVER INFORMATION EXCHANGE

Purchase a copy of the Police Report at:

BUYCRASH.COM
A PRODUCT OF LEXISNEXIS

INVESTIGATING AGENCY Union Co SO		OFFICER NAME STROEBLEN, JEFF		AGENCY CRASH REPORT NO 19-078		DATE OF CRASH 05/07/2019		TIME 02:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
ADDRESS NO		HIGHWAY or STREET NAME IL-127		NAME OF INTERSECTION OR ROAD FEATURE MT GLENN RD		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township		COUNTY UNION	
CD UNIT ROAD DIST TWP #1									
UNIT 1	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> Pedest - No Driver <input type="checkbox"/> Ped <input type="checkbox"/> Pedal <input type="checkbox"/> EQUEST <input type="checkbox"/> HMV <input type="checkbox"/> HCY (LAST, FIRST, MI) JOHNSON, NAKIA, S			ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]		
	DRIVER LICENSE NO / STATE [REDACTED] / MO		MAKE, MODEL, YEAR CHEVROLET, IMPALA LS, 2004		PLATE NO / STATE [REDACTED]		INSURANCE CO GEICO CASUALTY COMPANY		POLICY NO 4577894643
	VEHICLE OWNER (LAST, FIRST MI) DODD, AUDREY			OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]		
	MOTORIST REPORT BARCODE NUMBER								
UNIT 2	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> Pedest - No Driver <input type="checkbox"/> Ped <input type="checkbox"/> Pedal <input type="checkbox"/> EQUEST <input type="checkbox"/> HMV <input type="checkbox"/> HCY (LAST, FIRST, MI) WILLS, RONALD, C			ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]		
	DRIVER LICENSE NO / STATE [REDACTED] / IL		MAKE, MODEL, YEAR DODGE, DAKOTA, 2006		PLATE NO / STATE [REDACTED]		INSURANCE CO USAA GENERAL INDEMNITY COMPANY		POLICY NO 045348495G71018
	VEHICLE OWNER (LAST, FIRST MI) WILLS, RONALD, C			OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]		
	MOTORIST REPORT BARCODE NUMBER								

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:

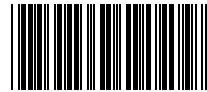
<http://motoristreport.illinois.gov>

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 TRAFFIC CRASH REPORT



* AP002 *



X001534892

DRAC 01 U1	TRFD 01 U2	TRFC 01	WEAT 01	DRVA 07 U1	01 U2	VIS 01 U1	01 U2	VEHD 16 U1	01 U2	LGHT 01	COLL 10	MANV 02 U1	03 U2
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INVESTIGATING AGENCY Union Co SO		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		AGENCY CRASH REPORT NO YR 2019 19-078		TRFW 01				
ADDRESS NO		HIGHWAY or STREET NAME N IL-127		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township CO UNIT ROAD DIST TWP #1		INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF CRASH 05/07/2019 mo day yr		TIME 02:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VEHT 01 U1
(CIRCLE) <input type="checkbox"/> FT / MI N E S W		(CIRCLE) MT GLENN RD		COUNTY UNION		PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DOORING WITH PEDALCYCLIST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVOLVED 2		FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW		U2 02 # LNS 2 U1

<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		DATE OF BIRTH mo day yr		MAKE CHEVROLET		MODEL IMPALA LS		YEAR 2004		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 01 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 02		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U1 2 U2
NAME (LAST, FIRST, MI) JOHNSON, NAKIA, S		SEX F		SAFT 2		AIR 03		AUTOMATED SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		LEV IN VEH		LEVEL ENGAGED AT CRASH		ALGN 02 U1
STREET ADDRESS		CITY		STATE		ZIP		INJURY 0		EJECT 1		EPHT 0		U2 02 # LNS 2 U1
TELEPHONE		DRIVER LICENSE NO		STATE MO		CLASS F		CLD ID 0		VIN 2G1WH52K149410017		INSURANCE CO GEICO CASUALTY COMPANY		U2 02 RSUR 01 U1
EMS AGENCY		PEDV		PPA		PPL		VEHICLE OWNER (LAST, FIRST M I) DODD, AUDREY		POLICY NO 4577594643		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		VEHU 02 U1
HOSPITAL		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF 'Y'		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE						U2 02 SPDR 9 U1

<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		DATE OF BIRTH mo day yr		MAKE DODGE		MODEL DAKOTA		YEAR 2006		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 01 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 08		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		U1 02 U2
NAME (LAST, FIRST, MI) WILLS, RONALD, C		SEX M		SAFT 2		AIR 04		AUTOMATED SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		LEV IN VEH		LEVEL ENGAGED AT CRASH		U1 9 U2
STREET ADDRESS		CITY		STATE		ZIP		INJURY 0		EJECT 1		EPHT 0		U1 0 U2
TELEPHONE		DRIVER LICENSE NO		STATE IL		CLASS D		CLD ID 0		VIN 1D7HE22K66S689589		INSURANCE CO USAA GENERAL INDEMNITY COMPANY		U1 01 RDEF 01 U2
EMS AGENCY		PEDV		PPA		PPL		VEHICLE OWNER (LAST, FIRST M I) WILLS, RONALD, C		POLICY NO 045348495G71018		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		BAC 996 U1
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF 'Y'		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE						U1 996 U2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSP)
2	3			2	03	0	1	0	TREXLER, JACK / /		

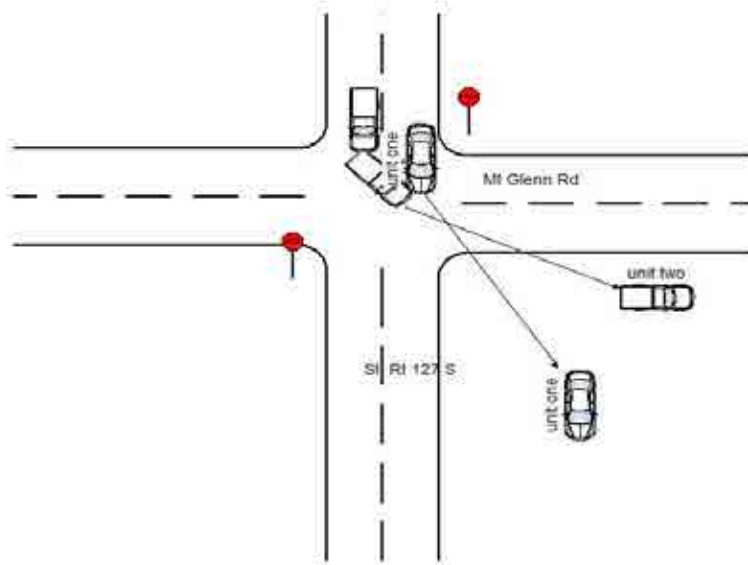
(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 05/07/2019	TIME 02:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur? <input type="checkbox"/> Y In a Work Zone? <input checked="" type="checkbox"/> N	D RP 05 U1
1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	EMS NOTIFIED 05/07/2019	TIME 03:00 <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	05 U2
2	<input type="checkbox"/>			ARREST NAME <input type="checkbox"/> Citations Issued <input type="checkbox"/> Pending	SECTION	PRIMARY CAUSE 28	SECONDARY CAUSE 99		
3	<input type="checkbox"/>			ARREST NAME <input type="checkbox"/> Citations Issued <input type="checkbox"/> Pending	SECTION	EMS ARRIVED 05/07/2019	TIME 03:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Unknown work zone type	SLMT 55 U1
1	<input checked="" type="checkbox"/>	11	1	OFFICER ID 6139	SIGNATURE STROEHLEIN, JEFF	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers Present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	55 U2
2	<input type="checkbox"/>			BEAT / DIST PATROL	SUPERVISOR ID 6139	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		
3	<input type="checkbox"/>								

UNIT 1

UNIT 2

X001534892

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No)

Unit two and unit one were traveling south on State Route 127. Driver of unit two stated he was slowing down, getting ready to turn East onto Mt Glenn Road. Driver of unit two stated he had his turn signal on and when he began to turn, he was struck by unit one on the driver's side of his truck.
 Unit one driver stated she was traveling south and unit two slammed on the brakes. Unit one stated she went to the left lane to avoid unit two and struck unit two with the front passenger side of the car. Both units ended up in a field south of Mt Glenn Road.

LOCAL USE ONLY

U-Color: **White** U-Color: **White**

U-Towed Due To	<input type="checkbox"/> Disabling Damage <input checked="" type="checkbox"/> Not Disabling Damage	Damage Extent	2	Towed by/To	PRO-1 / PRO-1
U-Towed Due To	<input type="checkbox"/> Disabling Damage <input checked="" type="checkbox"/> Not Disabling Damage	Damage Extent	2	Towed by/To	PRO-1 / PRO-1

COMMERCIAL MOTOR VEHICLE (CMV)

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 beyond 75 air miles from the driver's work reporting location (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).

CARRIER NAME _____
 ADDRESS _____

CITY/STATE/ZIP _____
 Motor Carrer ID Interstate Intrastate Not in Comm./Govt Not in Comm./Others
 USDOT NO. _____ ILCC NO _____

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

Were HAZMAT placards displayed on the vehicle? Y N
 If yes, name on placard _____
 4-digit UN no _____ 1-digit Hazard Class no _____

Did HAZMAT spill from the vehicle (do not consider fuel from the Vehicle's own tank)? Y N UNK
 Did HAZMAT Regulations violation contribute to the crash? Y N UNK
 Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y No UNK
 Was a Driver/Vehicle Examination Report from completed?
 HAZMAT Y N UNK Out of Service? Y N
 MCS Y N UNK Out of Service? Y N
 Form No _____

IDOT PERMIT NO _____ WIDE LOAD? 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 TRAILER 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
 VEHICLE CONFIGURATION _____
 CARGO BODY TYPE _____ LOAD TYPE _____