



Office of the State's Attorney Union County, Illinois

TYLER E. TRIPP
STATE'S ATTORNEY

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

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

December 10, 2020

[sent via email]

Tim Denny

tim@timdenny.com

Dear Mr. Denny:

Please consider this our response to your attached Freedom of Information Act request, received via postal mail on December 3, 2020 and summarized below:

Police report from the November 18, 2020 car accident involving XXXXXXXXXXXX, XXXXXXXXXXXX, XXXXXXXXXXXX and XXXXXXXXXXXX on Berryville Road.

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

- Home addresses, license plate numbers and driver's license numbers are defined as private 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 therefore exempt.
- The names of victims are exempted 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 12171.
- 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.
- Information which is or was prohibited from disclosure by the Juvenile Court Act of 1987 is exempt from disclosure under Section 7.5(bb) of FOIA (5 ILCS 140/7.5(bb)).

We are denying additional responsive records at this time. Please be advised of the following:

- (1) We are denying these requested records as they relate to an ongoing law enforcement investigation and pursuant to Section 7(1)(d)(i) of FOIA (5 ILCS 140/7(1)(d)(i)) disclosure would inhibit the investigation.
- (2) Sheriff Scott Harvel and Public Information Officer Rollie Hawk are the persons responsible for this denial.
- (3) You have the right to review by the Public Access Counselor. Her contact information is below.

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 S. 2nd Street
Springfield, Illinois 62706

Phone: 1-877-299-FOIA (1-877-299-3642)



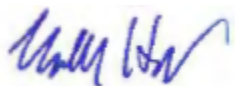
Fax: (217) 782-1396

E-mail: publicaccess@atg.state.il.us

- (4) You have the right to judicial review of this denial under Section 11 of FOIA (5 ILCS 140/11).

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

Sincerely,



Rollie Hawk
Public Information Officer
Union County State's Attorney
rhawk@unioncountyl.gov

Enclosure

Cc: Tyler E. Tripp, State's Attorney
Scott Harvel, Sheriff



County of Union, Illinois
Freedom of Information Act (FOIA) Request Form

Date Requested: December 3, 2020

Request Submitted By: Tim Denny

Street Address: P.O. Box 399

City/State/ZIP: Anna, IL 62906

Telephone (optional): 618-833-9100 E-mail (optional): tim@timdenny.com

Fax (optional): 618-833-9102

Records Requested (please be as specific as possible; attach additional pages if needed):

Police report from the November 18, 2020 car accident involving [REDACTED], [REDACTED], [REDACTED] and [REDACTED] on Berryville Road.

Is this request for a Commercial Purpose? YES NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body under 5 ILCS 140.3.1(c))

Are you requesting a fee waiver? YES NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public under 5 ILCS 140/6(c)).

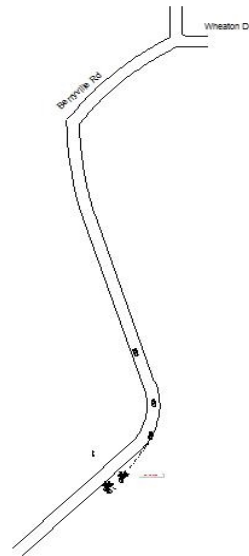
Please retain a copy of this form for your records.

Submit the original to one of our FOIA officers:

Rollie Hawk, Public Information Officer Union County State's Attorney's Office 309 West Market Room 239 Jonesboro, IL 62952 rhawk@unioncountyl.gov (618) 833-8248	Daniel Klingemann Union County State's Attorney 309 West Market Room 239 Jonesboro, IL 62952 ucsainfo@unioncountyl.gov (618) 833-7216
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X002081501

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No)

The driver stated he was driving southbound on Berryville Road, just south of Wheaton Lane. The driver stated he topped a slight berm in the road which led into a right curve. The driver stated he lost control in the gravel off the left side of the road. The vehicle traveled down the road ditch off the left side of the roadway. The vehicle struck a tree, making contact at the left front tire. This caused the vehicle to spin counter clockwise. The vehicle then struck another tree, making contact on the right side of the vehicle, near the B pillar.

The driver reported no injuries. The front passenger reported only minor injuries at the time of the incident. The rear left passenger reported only minor injuries initially, but had to be transported from the scene by ambulance for head injuries. The rear right passenger sustained major head injuries, and was unconscious at the time of my arrival. The rear right passenger had to be extracted from the vehicle and transported by helicopter.

Blood and urine samples were collected from the driver, to be tested for alcohol and intoxicating compounds. The Illinois State Police Traffic Crash Reconstruction Unit processed the scene. The incident is still under investigation. Reference incident report number- UC201126067

LOCAL USE ONLY

U_COLOR Gray U_COLOR U_Drug 1 997 U_Drug 2 U_Drug 1 U_Drug 2

U_TOWED DUE TO ■ DISABLING DAMAGE □ NOT DISABLING DAMAGE DAMAGE EXTENT 3 TOWED BY/TO WRIGHT'S / UNION COUNTY IMPOUND
 U_TOWED DUE TO □ DISABLING DAMAGE □ NOT DISABLING DAMAGE DAMAGE EXTENT TOWED BY/TO

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 _____

X002081501

DIAGRAM

COMMERCIAL MOTOR VEHICLE (CMV)

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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

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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 _____

NARRATIVE (Refer to vehicle by Unit No)

LOCAL USE ONLY

U_COLOR U_COLOR U_Drug 1 U_Drug 2 U_Drug 1 U_Drug 2

U_TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT TOWED BY/TO
U_TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT TOWED BY/TO

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

DRIVER INFORMATION EXCHANGE

INVESTIGATING AGENCY Union Co SO		OFFICER NAME MILLER, LOGAN	AGENCY CRASH REPORT NO 20-142	DATE OF CRASH 11/18/2020	TIME 08 03 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
ADDRESS NO	HIGHWAY or STREET NAME BERRYVILLE RD	NAME OF INTERSECTION OR ROAD FEATURE 0.15 Miles S of WHEATON DR		<input checked="" type="checkbox"/> City <input type="checkbox"/> Township	COUNTY UNION
ADDRESS NO BERRYVILLE RD		NAME OF INTERSECTION OR ROAD FEATURE 0.15 Miles S of WHEATON DR		<input checked="" type="checkbox"/> City <input type="checkbox"/> Township	COUNTY UNION
UNIT 1	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> Parked - No Driver <input type="checkbox"/> Ped <input type="checkbox"/> Pedal <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI) [REDACTED]		ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE
	DRIVER LICENSE NO / STATE [REDACTED]	MAKE, MODEL, YEAR FORD, MUSTANG GT, 2001	PLATE NO / STATE [REDACTED]	INSURANCE CO FARMERS AUTOMOBILE INSURANCE ASSOCIATION	POLICY NO 005220224
	VEHICLE OWNER (LAST, FIRST MI) BASS, BRANDON, M		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE
	MOTORIST REPORT BARCODE NUMBER				

INJURIES AND FATALITIES					
NAME	ADDRESS	DESCRIBE INJURIES	UNIT	AGE	SEX
[REDACTED]	[REDACTED]	NON-INCAPACITATING INJURY (B)	1	16	Male
[REDACTED]	[REDACTED]	INCAPACITATING INJURY (A)	1	15	Female
[REDACTED]	[REDACTED]	INCAPACITATING INJURY (A)	1	16	Female

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.