



**Illinois Traffic Crash Report for the
1-88 Westbound Crash**

**Naperville, IL; 01/27/2014
HWY14FH002**

(3 pages)

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

ISP-6155-20140126-232220



2426369

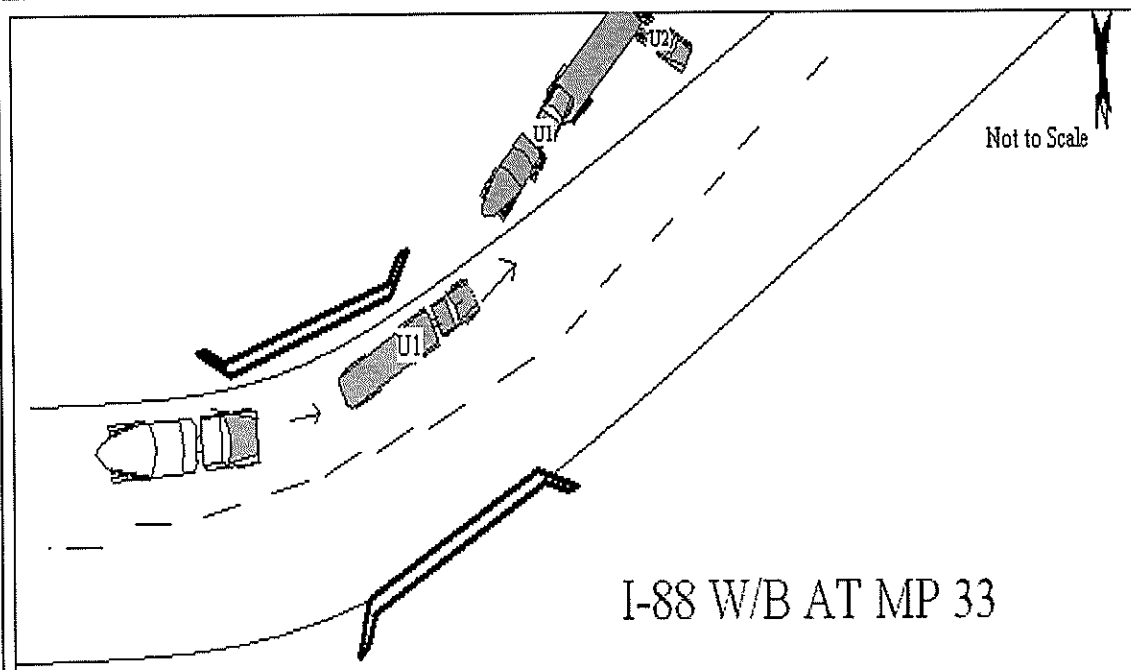
DRAC	DRAC	PEDV	PEDV	TRFD	TRFC	WEAT	DRVA	DRVA	VIS	VIS	VEHD	VEHD	LGHT	COLL	MANV	MANV	PPA	PPA	PPL	PPL
1	1			1	1	3	2	1	12	12	1	1	4	11	1	1	U1	U2	U1	U2
U1	U2	U1	U2				U1	U2	U1	U2	U1	U2			U1	U2	U1	U2	U1	U2

INVESTIGATING AGENCY ILLINOIS STATE POLICE		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 1 On-scene		TYPE OF CRASH B Injury		AGENCY CRASH REPORT NO. 01-14-00067		TRFW 3					
ADDRESS NO. -		HIGHWAY or STREET NAME I-88 (WB)		<input type="checkbox"/> City HOPKINS TWP		<input checked="" type="checkbox"/> Intersection RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE OF CRASH 01/26/2014		TIME OF CRASH 09:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE			
<input type="checkbox"/> 0.26 (CIRCLE) FT / (CIRCLE) MI <input type="checkbox"/> AT INTERSECTION WITH		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W I-88 MILE POST 33 (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY WHITESIDE		PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CIRCLE DAY OF WEEK SU TH FR SA WE		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE			
NAME FETTING, ALBERT GUSTAV		<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		DATE OF BIRTH mo day yr - - -		MAKE Freightliner		MODEL Truck-tractor Conv - 6		YEAR 2014		DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN			
STREET ADDRESS -		SEX M		SAFT 2		AIR 4		PLATE NO. -		STATE IA		YEAR 2014		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
CITY -		STATE -		ZIP -		INJURY A		EJECT 1		VIN 1FUJGBDV8EL		POINT OF FIRST CONTACT 1		HAZMAT SPILL <input checked="" type="checkbox"/> * <input type="checkbox"/> X	
TELEPHONE -		DRIVER LICENSE NO. -		STATE WI		CLASS A		VEHICLE OWNER (LAST, FIRST, MI) INDUSTRIAL US LP, AIR LIQUIDE		INSURANCE CO. Zurich American Insurance Company		COMVEH *IF YES SEE SIDEBAR <input checked="" type="checkbox"/> * <input type="checkbox"/> X		# LANES 2	
TAKEN TO CGH MEDICAL CENTER		EMS AGENCY PROPHETSTOWN/LYNDON F		OWNER ADDRESS (STREET, CITY, STATE, ZIP) -		TELEPHONE -		POLICY NO. -		VEHU 20		VEHU 20		ALGN 1	
NAME WAGNER, MONTE L		<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		DATE OF BIRTH mo day yr - - -		MAKE Freightliner		MODEL Truck-tractor Conv - 6		YEAR 2009		DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN			
STREET ADDRESS -		SEX M		SAFT 2		AIR 3		PLATE NO. -		STATE TX		YEAR 2014		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
CITY -		STATE -		ZIP -		INJURY B		EJECT 1		VIN 1FVXA7CGX9L		POINT OF FIRST CONTACT 5		HAZMAT SPILL <input type="checkbox"/> * <input checked="" type="checkbox"/> X	
TELEPHONE -		DRIVER LICENSE NO. -		STATE IL		CLASS A*		VEHICLE OWNER (LAST, FIRST, MI) JOHNSTON, RONALD NMI		INSURANCE CO. WELLS FARGO INSURANCE AGENCY OF MI		COMVEH *IF YES SEE SIDEBAR <input checked="" type="checkbox"/> * <input type="checkbox"/> X		BAC 96	
TAKEN TO CGH MEDICAL CENTER		EMS AGENCY MORRISON AMBULANCE SE		OWNER ADDRESS (STREET, CITY, STATE, ZIP) -		TELEPHONE -		POLICY NO. -		U1 96		U2 96		# OCES 1	

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

EVNO	MOST	EVNT	LOC	DAMAGE PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PRIMARY 11 Weather	
2	<input type="checkbox"/>			ARREST NAME	SECTION	SECONDARY 28 Failing to reduce speed to avoid cras	
3	<input type="checkbox"/>			ARREST NAME	SECTION		
1	<input type="checkbox"/>	9	1	OFFICER ID 6155	SIGNATURE	DATE NOTIFIED 01/26/2014	TIME NOTIFIED 09:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
2	<input checked="" type="checkbox"/>	11	1	BEAT / DIST 1	SUPERVISOR ID	COURT DATE	COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
3	<input type="checkbox"/>						

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No.)

UNIT ONE AND UNIT TWO WERE TRAVELING WESTBOUND ON I-88 AT MILEPOST 33. UNIT TWO WAS STOPPED IN THE LANE OF TRAVEL, DUE TO COMPLETE WHITE CONDITIONS AND OTHER MOTORING TRAFFIC. UNIT ONE STRUCK THE REAR OF UNIT TWO WITH ITS FRONT END. UNIT TWO PUSHED UNIT TWO AND ITSELF INTO THE MEDIAN WHERE THEY CAME TO REST. THE TANK TRAILER OF UNIT ONE PUSHED ITSELF INTO THE CAB OF UNIT ONE.

BOTH DRIVER'S OF EACH VEHICLE WERE TRANSPORTED TO CGH HOSPITAL IN STERLING, IL FOR TREATMENT.

UNIT ONE TRAILER INFORMATION: VIN# 1J9TA4225WB [REDACTED], RUSS 1998 (TANKER), IOWA TRAILER REGISTRATION ([REDACTED])

UNIT TWO TRAILER INFORMATION: VIN# 2MN01AAH471 [REDACTED] TRIM 2007 (BOX TYPE), MAINE TRAILER REGISTRATION ([REDACTED])

I ALSO COMPLETED FIELD REPORT F01-14-35.

LOCAL USE ONLY Nothing

U1 Color: Blue

U1 Towed By / To: INCE'S TOWING, PROPHETSTOWN IL / INCE'S TOWING, PROPHETSTOWN IL

U2 Color: White

U2 Towed By / To: INCES TOWING, PROPHETSTOWN IL / INCES TOWING, PROPHETSTOWN IL

COMMERCIAL VEHICLE

Unit 1

CARRIER NAME

AIR LIQUIDE INDUSTRIAL U.S. LP

ADDRESS

1182 260TH STREET

CITY

STATE

ZIP

SERGEANT BLUFF, IA 51054

ID Number:

USDOT

01266816

ICCMC

OR State No.

State Name

IA

None

HAZARDOUS MATERIALS

PLACARDED ?

Yes

IF YES: 4 DIGITS

1951

1 DIGIT

6

Name

ARGON

HAZARDOUS CARGO RELEASED FROM TRUCK?

Y

VIOLATION OF HAZMAT REGS. CONTRIBUTE TO CRASH?

N

VIOLATION OF MCS REGS CONTRIBUTE TO CRASH?

N

INSPECTION FROM COMPLETED?

FORM NO.

HAZMAT

N

OUT OF SERVICE?

N

MCS

N

OUT OF SERVICE?

N

6155000188

IDOT PERMIT#

WideLoad

N

TRAILER WIDTH(S)

TRAILER LENGTH(S)

Vehicle Length

TRAILER 1 0-96"

TRAILER 1 50

Total - Ft 80

TRAILER 2

TRAILER 2

No Of Axles 5

Vehicle Configuration 4

Cargo Body Type 3

LoadType 5

COMMERCIAL VEHICLE

Unit 2

CARRIER NAME

RTS TRANS SYSTEMS INC

ADDRESS

7300 CLYDE PARK AVE

CITY

STATE

ZIP

BYRON CENTER, MI 49315

ID Number:

USDOT

00215732

ICCMC

OR State No.

State Name

MI

None

HAZARDOUS MATERIALS

PLACARDED ?

No

IF YES: 4 DIGITS

1 DIGIT

Name

HAZARDOUS CARGO RELEASED FROM TRUCK?

N

VIOLATION OF HAZMAT REGS. CONTRIBUTE TO CRASH?

N

VIOLATION OF MCS REGS CONTRIBUTE TO CRASH?

N

INSPECTION FROM COMPLETED?

FORM NO.

HAZMAT

N

OUT OF SERVICE?

N

MCS

N

OUT OF SERVICE?

N

6155000189

IDOT PERMIT#

WideLoad

N

TRAILER WIDTH(S)

TRAILER LENGTH(S)

Vehicle Length

TRAILER 1 0-96"

TRAILER 1 50

Total - Ft 80

TRAILER 2

TRAILER 2

No Of Axles 5

Vehicle Configuration 4

Cargo Body Type 2

LoadType 5