



ILLINOIS TRAFFIC CRASH REPORT

Highland, Illinois

HWY23MH015

(13 pages)

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 6 Sheets

TC002

X003091619

DRAC 9 U 1 : U 2	TRFD 1	TRFC 1	WEAT 1	DRVA 1 U 1 : U 2	VIS 1 U 1 : U 2	VEHD 1 U 1 : U 2	LGHT 4	COLL 9	MANV 1 U 1 : U 2	21
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INVESTIGATING AGENCY ISP	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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	AGENCY CRASH REPORT NO. YR 2023 08-23-02244	TRFW 2
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ADDRESS NO.	HIGHWAY or STREET NAME I-70 W/B	CITY SALINE TWP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 07/12/2023 mo / day / yr	TIME 01:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH FLOW CONDITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT 5 U 1
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(CIRCLE) FT / MI N E S W <input checked="" type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE) REST AREA	COUNTY MADISON	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 4	U 2 7
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<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV PARADISE, RAYMOND CLARENCE NAME (LAST, FIRST, MI)	DATE OF BIRTH [REDACTED]	MAKE PREVOST	MODEL BUS	YEAR 2014	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11, 12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 16-TOP, 17, 18, 19, 20, 21	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N *Distraction Value COM VEH * <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U 1 5
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STREET ADDRESS [REDACTED]	SEX M	SAFT 9	AIR 3	AUTOMATED SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL ENGAGED AT CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	POINT OF FIRST CONTACT 1	U 2 5
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CITY O FALLON	STATE MO	ZIP 63366	INJ A	EJECT 4	EPH 0	PLATE NO. K000932	STATE TX	YEAR 2024	U 1 1
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TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE MO	CLASS B	CDL ID 7	VIN 2PCG33495EC735508	INSURANCE CO. BUS RISK RETENTION GROUP	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	U 2 2
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EMS AGENCY AIR EVAC LIFE TEAM	PEDV <input type="checkbox"/> Y <input type="checkbox"/> N	PPA <input type="checkbox"/> Y <input type="checkbox"/> N	PPL <input type="checkbox"/> Y <input type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST M.I.) USA, AMERICANOS	POLICY NO. [REDACTED]	U 1 1
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TAKEN TO BARNES JEWISH HOSPITAL	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y" <input type="checkbox"/> Y <input type="checkbox"/> N	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 350 N ST. PAUL ST, DALLAS, TX 75201	TELEPHONE (800) 231-2222	U 1 21
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<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV UNKNOWN NAME (LAST, FIRST, MI)	DATE OF BIRTH [REDACTED]	MAKE FRT	MODEL TRUCK TRACT	YEAR 2022	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11, 12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 16-TOP, 17, 18, 19, 20, 21	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N *Distraction Value COM VEH * <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U 1 20
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STREET ADDRESS [REDACTED]	SEX <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	SAFT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	AIR <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL ENGAGED AT CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	POINT OF FIRST CONTACT 6	U 2 0
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CITY [REDACTED]	STATE IN	ZIP 2023	INJ 0	EJECT 3560211	EPH 0	PLATE NO. 3AKJHHDR9KSKP9922	STATE IN	YEAR 2023	U 1 0
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TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IN	CLASS 3	CDL ID 9922	VIN 3AKJHHDR9KSKP9922	INSURANCE CO. TRANSTAR INSURANCE BROKERS I	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	U 2 0
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EMS AGENCY RYDER, TRUCK RENTAL INC	PEDV <input type="checkbox"/> Y <input type="checkbox"/> N	PPA <input type="checkbox"/> Y <input type="checkbox"/> N	PPL <input type="checkbox"/> Y <input type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST M.I.) RYDER, TRUCK RENTAL INC	POLICY NO. [REDACTED]	U 1 1
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TAKEN TO 11690 NW 105 ST, MIAMI, FL 33178	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y" <input type="checkbox"/> Y <input type="checkbox"/> N	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 11690 NW 105 ST, MIAMI, FL 33178	TELEPHONE (615) 305-2358	U 1 999
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(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)
4	7	[REDACTED]	M	1	3	0	1		CHERNO, DAVID SCOTT / [REDACTED], AMARILLO, TX 79118 / [REDACTED]		
1	7	[REDACTED]	M	9	3	K	1		PAYA, BUFORD / [REDACTED], SUPAI, AZ 86435 / [REDACTED]		
1	7	[REDACTED]	M	9	3	K	1		DONOVAN, BRADLEY D / [REDACTED], SPRINGFIELD, IL 62701		
1	7	[REDACTED]	M	9	3	K	1		RODRIGUEZ, JUAN VASQUEZ / [REDACTED], CLIFTON, NJ 07011 / [REDACTED]		

UNIT 1	EVNO	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DIRP 7 U 1
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UNIT 1	1	<input type="checkbox"/>	1	3	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	U 2 7
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UNIT 2	1	<input checked="" type="checkbox"/>	11	3	ARREST NAME	SECTION	CITATION NO.	EMS ARRIVED 07/12/2023	TIME 02:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	ROAD CLEARANCE 07/12/2023	TIME 06:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPD LMT 70 U 1
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UNIT 2	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM					U 2 70
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UNIT 2	3	<input type="checkbox"/>			OFFICER ID. 7426	OFFICER NAME T BECHERER	BEAT/TROOP 08	SUPERVISOR ID. S JANUS, 5262							
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IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

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 No.)

Unit 1 was driving West on I-70 approaching the I-70 W/B Rest Area entrance. Unit 2, 3, and 4 were parked on the right shoulder of I-70 W/B Silver Lake Rest Area ramp. Unit 2, 3, and 4 occupants were in their sleeper berths. Unit 1 driver exited on the Silver Lake Rest Area ramp and Unit 1 left the roadway to the right (North). Unit 1 front passenger quarter panel struck Unit 2 Semi Trailer. Unit 1 continued and its passenger side struck Unit 3's driver side. Unit 1 continued and struck Unit 4 Semi Trailer with front middle of Unit 1. Three Unit 1 occupants were pronounced deceased on scene. Several other Unit 1 occupants were transported to area hospitals for type A injuries. Unit 2, 3, and 4 occupants did not have indication of injury. Due to the circumstances of a critical incident scene, I could not determine where each individual passenger was seated in Unit 1. The Illinois State Police Traffic Crash Reconstruction Unit (TCRU) continues to investigate this crash at this time.

LOCAL USE ONLY

U 1 Color BLUE	U 2 Color WHITE	U 1 DRUG1 000	U 1 DRUG2	U 2 DRUG1 000	U 2 DRUG2
U 1 Towed due to: <input checked="" type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent: 3	Towed by / to Petroff Towing (Caseyville) / Petroff Towing			
U 2 Towed due to: <input checked="" type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent: 3	Towed by / to Petroff Towing (Caseyville) / Petroff Towing			

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 designated 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).

CARRIER NAME **MZ CARGO INC**

ADDRESS **8414 SUGAR MAPLE DR APT 101**

CITY/STATE/ZIP **MASON / OH / 45040**

Motor Carr. ID Interstate Intrastate
 Not In Comm./Govt. Not in Comm./Other

USDOT NO. **3775005** 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 Carrier Safety Regulations (HCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. **IL3998631275**

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER VIN 1 **5V8VC5327RM406898**

TRAILER VIN 2 _____

TRAILER WIDTH(S): 0-96" 97-102" > 102"
 TRAILER 1
 TRAILER 2

TRAILER LENGTH(S): 1 **53** ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH **70** ft NO. OF AXLES **5**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **6**

CARGO BODY TYPE **2** LOAD TYPE **5**

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 6 Sheets

TC002

X003091619

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U 3 : U 4	1	1	1	U 3 : U 4	U 3 : U 4	U 3 : U 4	1	4	9
U 3 : U 4				U 3 : U 4	U 3 : U 4	U 3 : U 4	1	4	21
U 3 : U 4				U 3 : U 4	U 3 : U 4	U 3 : U 4	1	4	21

INVESTIGATING AGENCY ISP	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" 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 2023 08-23-02244	TRFW 2
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ADDRESS NO.	HIGHWAY or STREET NAME I-70 W/B	<input type="checkbox"/> City SALINE TWP	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 07/12/2023 mo / day / yr	TIME 01:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH FLOW CONDITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT 7
<input type="checkbox"/> FT / MI (CIRCLE) N E S W	REST AREA	COUNTY MADISON	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 4		U3 8
<input checked="" type="checkbox"/> AT INTERSECTION WITH	(NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				U4 8

<input type="checkbox"/> DRIVER <input checked="" 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 UNKNOWN NAME (LAST, FIRST, MI)	DATE OF BIRTH mo / day / yr	MAKE KENWORTH	MODEL TRUCK TRACT	YEAR 2000	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 12 1 11 2 10 3 9 4 8 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	*Distraction Value	COM VEH * <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	VEHT 5
STREET ADDRESS	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT 6							U3 5
CITY STATE ZIP	INJ EJECT EPTH	PLATE NO. STATE YEAR										U4 2
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN 1XKWD69X3YJ850703	INSURANCE CO. CAROLINA CASUALTY INSURANCE	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							U3 2
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.) RICHARD, INC		POLICY NO.								U4 1
TAKEN TO	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 7299 NEWARK RD, MT VERNON, OH 43050	TELEPHONE (740) 533-7732								U4 1

<input type="checkbox"/> DRIVER <input checked="" 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 UNKNOWN NAME (LAST, FIRST, MI)	DATE OF BIRTH mo / day / yr	MAKE MACK TRUCKS	MODEL TRUCK TRACT	YEAR 2023	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 3 8 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	*Distraction Value	COM VEH * <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	VEHT 20
STREET ADDRESS	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT 6							U3 21
CITY STATE ZIP	INJ EJECT EPTH	PLATE NO. STATE YEAR										U4 0
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN 1M1AN4GY6PM039915	INSURANCE CO. GREAT WEST CASUALTY COMPANY	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							U3 0
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.) TRUCKING LP, ROBERT BRANUM		POLICY NO.								U4 0
TAKEN TO	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 1531 FM 1151, AMARILLO, TX 79118	TELEPHONE (805) 748-1612								U3 0

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)	
1	7		F	9	3	A	1		CAJAN, FIORELLA / [REDACTED] CLIFTON, NJ 07011	AIR EVAC LIFE TEAM	ST. LOUIS UNIVERSITY HOSPITAL	996
1	7		F	9	3	A	1		GONZALEZ, MARIA M / [REDACTED], CHICAGO, IL 60617 / [REDACTED]	RURAL MED	ANDERSON HOSPITAL, MARYVILLE	1
1	7		M	9	3	A	1		KANT, RAVI / [REDACTED], FRESNO, CA 93725 / [REDACTED]	GLEN CARBON FIRE DEPT.	ANDERSON HOSPITAL, MARYVILLE	1
1	7		F	9	3	A	1		VELARDE, DIANA H / [REDACTED], UNION CITY, NJ 07087 / [REDACTED]	ARCH HELICOPTER	ST. LOUIS UNIVERSITY HOSPITAL	1

UNIT 3	EVNO	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DIRP 7	
	1	<input checked="" type="checkbox"/>	18	3	PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	U3 7
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED 07/12/2023	TIME 02:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U4 7
UNIT 4	1	<input checked="" type="checkbox"/>	18	3	ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 07/12/2023	TIME 06:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPD LMT 70
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		U3 70
	3	<input type="checkbox"/>			OFFICER ID. 7426	OFFICER NAME T BECHERER	BEAT/TROOP 08	SUPERVISOR ID. S JANUS, 5262	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	U4 70

Printed by authority of the State of Illinois

IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

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 designated 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).

CARRIER NAME **RICHARD WOLFE TRUCKING INC**

ADDRESS **7299 NEWARK RD**

CITY/STATE/ZIP _____

Motor Carr. ID Interstate Intrastate
 Not In Comm./Govt. Not in Comm./Other

USDOT NO. **838180** 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 Carrier Safety Regulations (HCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. **IL4248970103**

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER VIN 1 **5DMFABTB07C000309**

TRAILER VIN 2 _____

TRAILER WIDTH(S): 0-96" 97-102" > 102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 **53** ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH **70** ft NO. OF AXLES **5**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **6**

CARGO BODY TYPE **2** LOAD TYPE **3**

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U 3 Color **BLUE** U 4 Color **WHITE** U 3 DRUG1 **000** U 3 DRUG2 _____ U 4 DRUG1 **000** U 4 DRUG2 _____

U 3 Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: **1** Towed by / to _____

U 4 Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: **1** Towed by / to _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 3 of 6 Sheets



TC002

X003091619

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U	U	1	1	U	U	U	4	9	U

INVESTIGATING AGENCY ISP	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	AGENCY CRASH REPORT NO. YR 2023 08-23-02244	TRFW 2
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ADDRESS NO.	HIGHWAY or STREET NAME I-70 W/B	CITY SALINE TWP	TOWNSHIP SALINE TWP	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 07/12/2023 mo / day / yr	TIME 01:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH FLOW CONDITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT U
AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE) REST AREA		COUNTY MADISON	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 4		U

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	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16-TOP 2 9 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH Y N <input type="checkbox"/> <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	DISTRACTED <input type="checkbox"/> <input type="checkbox"/>	*Distraction Value <input type="checkbox"/>	COM VEH * <input type="checkbox"/> <input type="checkbox"/>	#LNS U
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT							U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>						U
CITY STATE ZIP	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.							U
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN	INSURANCE CO.		EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>						U
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.								U
TAKEN TO	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE						1	

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	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16-TOP 2 9 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH Y N <input type="checkbox"/> <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	DISTRACTED <input type="checkbox"/> <input type="checkbox"/>	*Distraction Value <input type="checkbox"/>	COM VEH * <input type="checkbox"/> <input type="checkbox"/>	U
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT							U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>						U
CITY STATE ZIP	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.							U
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN	INSURANCE CO.		EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>						U
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.								U
TAKEN TO	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE						1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)	
1	7		M	9	3	A	1		HOANG, TOMMY / [REDACTED], EL MONTE, CA / [REDACTED]		ST. LOUIS UNIVERSITY HOSPITAL	U
1	7		F	9	3	B	1		HUNTSUCKER, BRANDI M / [REDACTED], KANSAS CITY, KS 66112 / [REDACTED]	GLEN CARBON FIRE DEPT.	ST. JOSEPH'S HOSPITAL, HIGHLAND	U
1	7		F	9	3	B	1		PARKER, DAWANDA DENISE / [REDACTED], LOS ANGELES, CA 90059 / [REDACTED]	GLEN CARBON FIRE DEPT.	ST. JOSEPH'S HOSPITAL, HIGHLAND	U
1	7		M	9	3	B	1		CRUSINBERY, JOSEPH WAYNE / [REDACTED], INDIANAPOLIS, IN 46221 / [REDACTED]	GLEN CARBON FIRE DEPT.	ST. JOSEPH'S HOSPITAL, HIGHLAND	U

UNIT	EVNO	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DIRP	
	1				PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	U
	2				<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED 07/12/2023	TIME 02:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U
UNIT	1				ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 07/12/2023	TIME 06:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U
	2				ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		U
	3				OFFICER ID. 7426	OFFICER NAME T BECHERER	BEAT/TROOP 08	SUPERVISOR ID. S JANUS, 5262				U

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IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

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 designated 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).

CARRIER NAME **ROBERT BRANUM TRUCKING LP**

ADDRESS **1531 E. FM 1151**

CITY/STATE/ZIP _____

Motor Carr. ID Interstate Intrastate
 Not In Comm./Govt. Not in Comm./Other

USDOT NO. **549303** 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 Carrier Safety Regulations (HCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. **IL3998631274**

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER VIN 1 **1GRAA062XKW100574**

TRAILER VIN 2 _____

TRAILER WIDTH(S): 0-96" 97-102" > 102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 **53** ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH **70** ft NO. OF AXLES **5**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **6**

CARGO BODY TYPE **2** LOAD TYPE **5**

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U Color	U Color	U DRUG1	U DRUG2	U DRUG1	U DRUG2
U Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to			
U Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to			

ILLINOIS TRAFFIC CRASH REPORT

Sheet 4 of 6 Sheets

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U	U	1	1	U	U	U	4	9	U

INVESTIGATING AGENCY ISP	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 2023 08-23-02244	TRFW 2
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ADDRESS NO.	HIGHWAY or STREET NAME I-70 W/B	<input type="checkbox"/> City SALINE TWP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 07/12/2023 mo / day / yr	TIME 01:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	SECONDARY CRASH FLOW CONDITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT U U
<input type="checkbox"/> (CIRCLE) FT / MI <input checked="" type="checkbox"/> AT INTERSECTION WITH	<input type="checkbox"/> (CIRCLE) N E S W REST AREA (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY MADISON	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 4		

<input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16-TOP 2 9 8 4 7 6 5 REAR	TOWED DUE TO CRASH Y N <input type="checkbox"/> <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	DISTRACTED <input type="checkbox"/> <input type="checkbox"/>	*Distraction Value <input type="checkbox"/>	COM VEH * <input type="checkbox"/> <input type="checkbox"/>	# LNS U U
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT						U
STREET ADDRESS	INJ EJECT EPTH											U
CITY STATE ZIP												U
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>							U
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)			POLICY NO.							U
TAKEN TO	INCIDENT RESPONDER Y <input type="checkbox"/> N <input type="checkbox"/>	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE						U

<input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16-TOP 2 9 8 4 7 6 5 REAR	TOWED DUE TO CRASH Y N <input type="checkbox"/> <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	DISTRACTED <input type="checkbox"/> <input type="checkbox"/>	*Distraction Value <input type="checkbox"/>	COM VEH * <input type="checkbox"/> <input type="checkbox"/>	U
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT						U
STREET ADDRESS	INJ EJECT EPTH											U
CITY STATE ZIP												U
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>							U
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)			POLICY NO.							U
TAKEN TO	INCIDENT RESPONDER Y <input type="checkbox"/> N <input type="checkbox"/>	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE						U

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)
1	7		F	9	3	A	1		BRACKETT, BARBARA ALLINE / [REDACTED], DES MOINES, IA 50320 / [REDACTED]	POCAHONTAS EMS	ST. JOSEPH'S HOSPITAL, HIGHLAND
1	7		M	9	3	B	1		BROWN, EDWARD L / [REDACTED], COAHOMA, MS 38617 / [REDACTED]	RURAL MED	ANDERSON HOSPITAL, MARYVILLE
1	7		M	9	3	B	1		HERNANDEZ, ANGEL / [REDACTED], HOUSTON, TX 77087 / [REDACTED]	RURAL MED	ANDERSON HOSPITAL, MARYVILLE
1	7		M	9	3	0	1		PACHECO, GILMER / [REDACTED]		

UNIT	EVNO	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DIRP	
	1				PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	U
	2				<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED 07/12/2023	TIME 02:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U
UNIT	1				ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 07/12/2023	TIME 06:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U
	2				<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		U
	3				OFFICER ID. 7426	OFFICER NAME T BECHERER	BEAT/TROOP 08	SUPERVISOR ID. S JANUS, 5262				U

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IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

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 designated 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).

CARRIER NAME **GREYHOUND LINES INC**

ADDRESS **315 CONTINENTAL AVENUE**

CITY/STATE/ZIP _____

Motor Carr. ID Interstate Intrastate
 Not In Comm./Govt. Not in Comm./Other

USDOT NO. **44110** 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 Carrier Safety Regulations (HCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. **IL3998411443**

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 **40** ft NO. OF AXLES **3**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **1**

CARGO BODY TYPE **1** LOAD TYPE **5**

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U Color	U Color	U DRUG1	U DRUG2	U DRUG1	U DRUG2
U Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to			
U Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to			

ILLINOIS TRAFFIC CRASH REPORT

Sheet 5 of 6 Sheets

TC002

X003091619

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U	U	1	1	U	U	U	4	9	U

INVESTIGATING AGENCY ISP	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 2023 08-23-02244	TRFW 2
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ADDRESS NO.	HIGHWAY or STREET NAME I-70 W/B	<input type="checkbox"/> City SALINE TWP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 07/12/2023 mo / day / yr	TIME 01:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH FLOW CONDITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT U U
<input type="checkbox"/> (CIRCLE) FT / MI <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) REST AREA (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY MADISON	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 4	# LNS U U

<input 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	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16-TOP 2 9 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH Y N <input type="checkbox"/> <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	DISTRACTED <input type="checkbox"/> <input type="checkbox"/>	*Distraction Value <input type="checkbox"/>	COM VEH * <input type="checkbox"/> <input type="checkbox"/>	ALGN U U	
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>	EMERGENCY AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)	POLICY NO.	RSUR 1
STREET ADDRESS	INJ EJECT EPTH	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE							VEHU U U	

<input 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	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16-TOP 2 9 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH Y N <input type="checkbox"/> <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	DISTRACTED <input type="checkbox"/> <input type="checkbox"/>	*Distraction Value <input type="checkbox"/>	COM VEH * <input type="checkbox"/> <input type="checkbox"/>	SPDR U U	
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>	EMERGENCY AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)	POLICY NO.	RDEF 1
STREET ADDRESS	INJ EJECT EPTH	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE							BAC U U	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)
1	7		M	9	3	0	1		MARTINEZ, ERICARDO		
1	7		M	9	3	0	1		MENDEZ, RAFAEL MARTINEZ		
1	7		M	9	3	0	1		ABDAL MOHAMED, TARIG BASHIR / [REDACTED], JOPLIN, MO 64801 / [REDACTED]		
1	7		M	9	3	0	1		ALEXANDER, EDWARD E / [REDACTED], LONOKE, AR 72086 / [REDACTED]		

UNIT	EVNO	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DIRP U U	
	1				PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 07/12/2023	TIME 01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	SPD LMT U U
	2				<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED 07/12/2023	TIME 02:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U
UNIT	1				ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 07/12/2023	TIME 06:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U
	2				ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		U
	3				OFFICER ID. 7426	OFFICER NAME T BECHERER	BEAT/TROOP 08	SUPERVISOR ID. S JANUS, 5262				U

Printed by authority of the State of Illinois

IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

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 designated 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).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Motor Carr. ID Interstate Intrastate
 Not In Comm./Govt. Not in Comm./Other

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 Carrier Safety Regulations (HCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form 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 _____

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U	Color	U	Color	U	DRUG1	U	DRUG2	U	DRUG1	U	DRUG2
U	Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to								
U	Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to								

ILLINOIS TRAFFIC CRASH REPORT

Sheet 6 of 6 Sheets

TC002

X00391619

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U	U	1	1	U	U	U	4	9	U

INVESTIGATING AGENCY ISP	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" 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 2023 08-23-02244	TRFW 2
------------------------------------	--	---	---	--	------------------

ADDRESS NO.	HIGHWAY or STREET NAME I-70 W/B	<input type="checkbox"/> City <input checked="" type="checkbox"/> Township SALINE TWP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 07/12/2023 mo / day / yr	TIME 01:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH FLOW CONDITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT U U
<input type="checkbox"/> FT / MI (CIRCLE) <input checked="" type="checkbox"/> AT INTERSECTION WITH	REST AREA (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY MADISON	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 4	# LNS U U

<input 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	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM	TOWED DUE TO CRASH Y <input type="checkbox"/> N <input type="checkbox"/>	FIRE Y <input type="checkbox"/> N <input type="checkbox"/>	DISTRACTED Y <input type="checkbox"/> N <input type="checkbox"/>	*Distraction Value	COM VEH * Y <input type="checkbox"/> N <input type="checkbox"/>	U U U
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT	REAR VIEW DIAGRAM						U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR								U
CITY STATE ZIP	INSURANCE CO.											U
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN									U
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)			POLICY NO.							U
TAKEN TO	INCIDENT RESPONDER	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE					U

<input 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	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM	TOWED DUE TO CRASH Y <input type="checkbox"/> N <input type="checkbox"/>	FIRE Y <input type="checkbox"/> N <input type="checkbox"/>	DISTRACTED Y <input type="checkbox"/> N <input type="checkbox"/>	*Distraction Value	COM VEH * Y <input type="checkbox"/> N <input type="checkbox"/>	U U U
NAME (LAST, FIRST, MI)	SEX SAFT AIR	AUTOMATED SYSTEM	LEVEL IN VEH	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT	REAR VIEW DIAGRAM						U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR								U
CITY STATE ZIP	INSURANCE CO.											U
TELEPHONE	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN									U
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)			POLICY NO.							U
TAKEN TO	INCIDENT RESPONDER	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE					U

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)
1	7		M	9	3	0	1		ALVISUREZ, HENRRI N / [REDACTED], DALLAS, TX 75252 / [REDACTED]		
2	7		M	1	3	0	1		IBRAHIM, ABDIKADIR A / [REDACTED], NASHVILLE, TN 37207 / [REDACTED]		
3	7		M	1	3	0	1		SHARP, EVERETT JENNINGS / [REDACTED], GRAYSVILLE, OH 45734 / [REDACTED]		

UNIT	EVNO	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED	TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DIRP
	1				PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE	07/12/2023	01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	U
	2				<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	07/12/2023	01:56	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U
UNIT	1				ARREST NAME	CITATION NO.	07/12/2023	02:03	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U
	2				<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	07/12/2023	06:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		U
	3				OFFICER ID. 7426	OFFICER NAME T BECHERER	BEAT/TROOP 08	SUPERVISOR ID. S JANUS, 5262	COURT DATE	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

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4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
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CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Motor Carr. ID Interstate Intrastate
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Source of above info. Side of Truck Papers Driver Log Book

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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 _____

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U	Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to								
U	Towed due to: <input type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent:	Towed by / to								