

ILLINOIS TRAFFIC CRASH REPORT

Highland, Illinois

HWY23MH015

(13 pages)

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ADI	RESS N).		IIGHWAY o	or STRE	ET NAM	ИE						City	Townshi	p IN	TERSECTION	ON Y	, I	07/12/2023	тіме 01:54	AM PM	SECONDARY CRASH YES NO	vент 5	
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U	EVNO)	(MOST) (EVNT)		DAMAGE	D PROI	PERTY	OWNE	R NAME	E					DAMAGED P	ROPERT	Y		PC	07/12/2023	TIME 01:56	AM	DID CRASH OCCUR Y	DIRP	
N I T	1	1	3	PROPERT	Y OWN	IER AD	DRESS		CITY		S	TATE	ZIP	PRIMA	ARY CAU	JSE SEC	CONDARY CAU	JSE EN	MS NOTIFIED	TIME		IN A WORK ZONE?	7	
1	2		3										an amaz		20	Low	99		07/12/2023	01:56	AM PM	IF YES CHECK ONE BELOW: CONSTRUCTION	7	
	3			CITATI ARREST 1		ED	PEND	ING					SECTION			CITATION	N NO.	EN	MS ARRIVED 07/12/2023	02:03	AM PM	MAINTENANCE	U2	
U	1		3	CITATI		ED	PEND	ING					SECTION			CITATION	N NO.	RO	DAD CLEARANCE	TIME	AM	UTILITY UNKNOWN WORK ZONE TYPE	SPD LMT 70	
I T	2			ARREST 1			OT	EICED N	NAME				BEAT/FD	ODP		CHDEDA	SOP ID		07/12/2023 DURT DATE	06:30	PM		70	
2	3		OFFICER ID. OFFICER NAME 7426 T BECHERER										BEAT/TROOP SUPERVISOR ID. S JANUS, 5262						COURT DATE TIME AM WORKERS PRESENT?					

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 DF	RUG1 000	U 1 DRUG2	U 2 DRUG1 000 U 2 DRUG2
U 1 Towed due to: Disabling Damage	NOT Disabling Damage	Damage Extent: 3	Towed b	y/to Pe	troff Towing (C	aseyville) / Petroff Towi
U 2 Towed due to: Disabling Damage	NOT Disabling Damage	Damage Extent: 3	Towed b	y/to Pe	troff Towing (C	aseyville) / Petroff Towi

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
OUT V (OT A TE (ZID	MASON / OU / 45040
CITY/STATE/ZIP	MASON / OH / 45040
Motor Carr. ID	Interstate
USDOT NO. <u>3775</u>	005 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 pl	acards displayed on the vehicle?
If yes, name on	placard
4-digit UN no.	1-digit Hazard Class no.
Did HAZMAT spil	l from the vehicle (do NOT consider FUEL from the
vehicle's own tank)	? Y N UNK
Did HAZMAT Reg	gulations violation contribute to the crash?
	∏Y ⊠N □UNK
Did Carrier Safety Rec	gulations (HCS) violation contribute to the crash?
Did Carrier Sarety Reg	Y N UNK
Was a Driver/Vehic	cle Examination Report form completed?
нахмат 🛛	Y N UNK Out of Service? Y N
HAZMAI 🔼	
MCS 🔀	Y N UNK Out of Service? Y N
Form No.	IL3998631275
IDOT PERMIT NO	D WIDE LOAD? Y N
TRAILER VIN 1	5V8VC5327RM406898
TRAILER VIN 2	
TRAILER WIDTH(S)	: 0-96" 97-102" > 102"
TRAILEI	
TRAILEI	R 2
TRAILER LENGTH(S	S): 1ft TRAILER 2ft
TOTAL VEHICLE LE	ENGTH 70 ft NO. OF AXLES 5
SELECT COD	ES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE	CONFIGURATION 6
CARGO BODY TYPI	E 2 LOAD TYPE 5

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IS	P									VEHI	ICLE / PRO	OPERTY		ER \$1,5		\parallel	NO.	T ON SC IENDED	ENE (DE	SK REF	PORT)	\times	B Injury and /	or Tow I	Due To Crash	YR 202	23 08-23	3-0224	4		2
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	_			DR	IVERLE	ESS	PED	PEDAL	EQUI	ES N	MV N	NCA D	V DAT	E OF B	IRTH	N	MAKE	Ξ		MOL	DEL		YEAR		RCLE NUMBER(S) R DAMAGED ARE		FRONT	mon	Y	N	20
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	N I	1	\times	18	3		PROPER	rv our	NED AT	DDEce		CITY			STAT	Б	ZIP		DDDA	ARY C	ALICE	SECO	NDARY CAUSI	2 EM40	07/12/2023 NOTIFIED	01:5	6 _{PM}		PRK ZONE?	N ,	7
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SECTION

08

BEAT/TROOP

CITATION NO.

SUPERVISOR ID.

S JANUS, 5262

2 of

COLL

6

MANV

Sheets

Sheet

LGHT

VEHD

ILLINOIS TRAFFIC CRASH REPORT

WEAT DRVA

ARREST NAME

ARREST NAME OFFICER ID.

7426

CITATION ISSUED

PENDING

OFFICER NAME

T BECHERER

18

3

TRFC

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

X00.009.161

MAINTENANCE

UTILITY

VORKERS PRESENT?

SPD LMT

70

70

07/12/2023

07/12/2023

ROAD CLEARANCE

COURT DATE

02:03

06:30

AM

TIME

TIME

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 VEHICE	LE
IF MORE THAN ONE CMV IS INVOLVED, USE SI ADDITIONAL UNITS FORMS.	R 1050A
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: truc	ck
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 c transporting employees in the course of their employment (examp	
transporter - usually a van-type vehicle or passenger car); or 4. Is used or designated to transport between 9 and 15 passengers,	
driver, for direct compensation (example: large van used for speci 5. Is any vehicle used to transport any hazardous material (HAZM	
requires placarding (example: placards will be displayed on the ve	ehicle).
CARRIER NAME RICHARD WOLFE TRUCKING IN	<u>C</u>
ADDRESS 7299 NEWARK RD	
CITY/STATE/ZIP	
Motor Carr. ID Interstate Intrastate	omm./Other
USDOT NO. 838180 ILCC NO.	
NARRATIVE (Refer to vehicle by Unit No.)	Log Book
	> 26,000
Were HAZMAT placards displayed on the vehicle?	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 fivehicle's own tank)? Y N	UNK
Did HAZMAT Regulations violation contribute to the crash?	l
\square_{Y} \square_{N}	UNK
Did Carrier Safety Regulations (HCS) violation contribute to the crash? Y N	UNK
Was a Driver/Vehicle Examination Report form completed?	UNK
HAZMAT X Y N UNK Out of Service?	Y N
MCS X IN IN IN UNK Out of Service?	Y N
Form NoIL4248970103	
IDOT PERMIT NO WIDE LOAD?	Y N
TRAILER VIN 1 5DMFABTB07C000309 TRAILER VIN 2	
LOCAL USE ONLY TRAILER WIDTH(S): 0-96" 97-102" > 102"	
TRAILER 1	
TRAILER LENGTH(S): 1	
	ft
U 3 Color BLUE U 4 Color WHITE U 3 DRUG1 000 U 3 DRUG2 U 4 DRUG1 000 U 4 DRUG2 TOTAL VEHICLE LENGTH 70 ft NO. OF AXLES	ft 5
U 3 Color BLUE U 4 Color WHITE U 3 DRUG1 000 U 3 DRUG2 U 4 DRUG1 000 U 4 DRUG2 TOTAL VEHICLE LENGTH 70 ft NO. OF AXLES U 3 Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: U 4 Towed due to: Disabling Damage NOT Disabling Damage Damage Damage Extent: 1 Towed by / to SELECT CODES FROM BACK COVER OF CRASH BOOKLET: VEHICLE CONFIGURATION 6	ft

Illinois
TO
State
the
to
authority
3
Printed

IL	LIN	IOIS	TR	AFF	FIC	CRA	SF	1 R	EP	ORT		Sheet	3	of	f6	Sheets										
DRA	C			FC W	/EAT	DRVA		VIS		VEHD			ЭНТ 4	COLL 9	MANV										003091619	
U	U					U I	J	U	U	U	U				U	U E OF REPO	DT				T	C002				
INV	ESTIG	ATING AC	ENCY					0	MAGE T NE PERS	ON'S		OR LI - \$1,50			ON SCEN	E		·P.F.	A No Injur	ry / Driv	ve Away		AC	GENCY CR	ASH REPORT NO.	TRFW
ISI)							VEHI	CLE / PR	OPERTY		ER \$1,5			AMENDE	SCENE (DE: D	SK REPU	ORT)	∠ B Injury ar	nd / or T	Γow Due	To Crash	YR 2023	08-23	3-02244	2
ADI	DRESS	NO.				Y or STRE	ET NA	ME						Ci		Townsh		NTERSEC ELATED	TION Y	N	07/	OF CRASH 12/2023	TIME 01:54	MAN PM	YES XNO	VEHT
		(CIRCL	F)	(CIRCLE)	70 W/	В									INE TW	/ P		RIVATE ROPERTY	Y	N E		day / yr	y # OF MO		FLOW CONDITION SLOW	U
		FT /		E S						AREA				COUN			-	IT & RUN		. N	OORIN VITH		VEHICLE		STOPPED	
\times	AT IN	TERSECT	ON WITH	I		(N.	AME C	F INTE	RSECTI	ON OR ROAL	D FEAT	URE)		MAI	DISON		n	II & KUI	`	ZIN PI		YCLIST?		•	FREE FLOW	# LNS
	DRIVER	PARKE	D DRIV	ERLESS	PED	PEDAL	EQUI	ESN	MV	NCV DV	DAT	E OF BI	IRTH	M	AKE		MODE	L	YEAR		FOR D	E NUMBER(S AMAGED AR		FRONT	TOWED N] _U
		T, FIRST, M	I)									/ day /	_				LEVE	т	LEVEL			NONE UNDER CARR	IAGE ¹⁰	/ - \;	DUE TO CRASH FIRE	j
SII	KEET A	DDRESS									SEX	SAFT	AIR	AU	Y N	UNK	IN VEH	L	ENGAGED AT CRASH		14 - 1	TOTAL (ALL A OTHER		16-TOP	DISTRACTED	U
CIT	Y				STAT	Е		ZIP			INJ	EJEC1	EPTI	I PL	ATE NO.		STATE		YEAR		99 - POINT	UNKNOWN	7	6	*Distraction Value	ALGN
																				_	FIRST	CONTACT	,	REAR	COM VEH *	U
TE	EPHO:	ΝE]	DRIVER L	ICENS!	E NO.			STATE	CLASS	CDL I	D VIN	1					INSU	URANC	E CO.			Yes No	II
EM	AGEN	CY			•						•	PEDV	PPA	PPL	VEHICL	E OWNER	(LAST, F	IRST M.I	.)	•			POLICY N	Э.	•	RSUR
TA	KEN TO)										INCII RESPO	DENT	IF "Y"	OWNER	ADDRESS	(STREET	C, CITY, S	STATE, ZIP)					TELEP	HONE	1
											1	Y	N	<u> </u>												VEHU
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STI	REET A	DDRESS									SEX	SAFT	AIR	AU	TOMATEI Y N	SYSTEM	LEVE IN	L	LEVEL ENGAGED AT		14 - 1	TOTAL (ALL		16-TOP		U
CIT	Y				STAT	E		ZIP			INJ	EJECT	EPTH	I PL	ATE NO.		VEH STATE		CRASH YEAR		99 -	OTHER UNKNOWN	8	6	*Distraction Value	SPDR
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EM	AGEN	CY										PEDV	PPA	PPL	VEHICL	E OWNER	(LAST F	IRST M I)				POLICY N)	Yes No	RDEF
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TA	KEN TO)										INCII RESPO	DENT ONDER	IF "Y"	OWNER	ADDRESS	(STREET	C, CITY, S	STATE, ZIP)				•	TELEP	HONE	BAC
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N	1																				_	7/12/2023	01:56	PM	DID CRASH OCCUR IN A WORK ZONE?	DIRP
T	2	一			PROPE	ERTY OWN	ER AE	DRESS	;	CITY		S	TATE		ZIP	PRIMA	ARY CAU 20	JSE	SECONDARY CA 99	USE	EMS NO	7/12/2023	тіме 01:56	AM	IF YES CHECK ONE BELOW:	U
	3	愩			CIT	ATION ISSU	ED	PENE	DING					S	ECTION		0	CITAT	ION NO.		EMS AF		TIME	PM	CONSTRUCTION	U
	١,	+				ST NAME																7/12/2023	02:03	AM PM	MAINTENANCE UTILITY	SPD LMT
U N	1	井			_	ATION ISSU	ED	PENE	DING					S	ECTION			CITAT	ION NO.			TLEARANCE 7/12/2023	тіме 06:30	АМ	UNKNOWN WORK ZONE TYPE	U
I T	2	 				ER ID.		OI	FFICER	NAME				В	EAT/TROC)P		SUPER	VISOR ID.				TIME	r ivi	WORKERS PRESENT?	
	3				OFFICER ID. OFFICER NAME BEAT/TROOP 7426 T BECHERER 08								SUPERVISOR ID. S JANUS, 5262 COURT DATE TIME AM WORKERS PRESENT? N U							U						

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
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	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.
NARRATIVE (Refer to vehicle by Unit No.)	Source of above info. Side of Truck Papers Driver Log Book
NARRATIVE (Refer to vehicle by Ome 100.)	GVWR/GCWR
	Were HAZMAT placards displayed on the vehicle?
	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 X 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 X N
	TRAILER VIN 1 1GRAA062XKW100574 TRAILER VIN 2
LOCAL USE ONLY	TRAILER WIDTH(S): 0-96" 97-102" > 102"
	TRAILER 1
	TRAILER LENGTH(S): 1ft TRAILER 2ft
U Color U DRUG1 U DRUG2 U DRUG1 U DRUG2	TOTAL VEHICLE LENGTH 70 ft NO. OF AXLES 5
U Towed due to: Disabling Damage NOT Disabling Damage Extent: Towed by / to U Towed due to: Disabling Damage NOT Disabling Damage Extent: Towed by / to	SELECT CODES FROM BACK COVER OF CRASH BOOKLET: VEHICLE CONFIGURATION 6
O TOWER CIRC IO. Disabiling Dalinage Port Disabiling Dalinage Extent: Tower by / 10	CARGO BODY TYPE 2 LOAD TYPE 5

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					-70 W/B									SALIN	E TWP		PRIVATE	Y X	me	o / day / yr	01:54	PM	FLOW CONDITION	U
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A	ΓINTE	RSECTION		LS	**	(N	AME O	F INTE	RSECTI	ON OR ROAI	D FEAT	URE)		MADIS	ON	I	HIT & RUN	Y X		LCYCLIST? N	4		FREE FLOW	U
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NAME	(LAST, l	FIRST, MI)									mo	/ day /	yr						0	0 - NONE) K	DUE TO CRASH	- ∪
STRE	ET ADI	DRESS									SEX	SAFT	AIR	AUTON	MATED SYSTEM	IN	EL	LEVEL ENGAGED AT	1	3 - UNDER CARRIA 4 - TOTAL (ALL AF	AGE	16-TOP	FIRE DISTRACTED	-
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NAME	(LACT)	TRST, MI)								_		/ /								R DAMAGED ARE. 10 - NONE	A(S) 110	12	TOWED DUE TO CRASH] ~
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U N	1																			07/12/2023	01:56	AM PM	DID CRASH OCCUR IN A WORK ZONE?	DIRP
T	2				PROPERT	Y OWN	IER AD	DRESS		CITY		S	TATE	ZIP	PRI	MARY CA	USE S	ECONDARY CAU	JSE EMS	S NOTIFIED 07/12/2023	TIME 01:56	АМ	IF YES CHECK ONE BELOW:	U
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I T	2				ARREST I			OF	FICER I	NAME				DEAT	7/TROOP		CHDEDA	ISOR ID.	COL	07/12/2023 URT DATE	06:30	PM	\square_{Y}	
	3				7426	ID.				NAME HERER				08	TROOP			/ISOK ID.	COL	UKIDAIE	1 IIVIE	AM	WORKERS PRESENT?	l.,

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
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	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.
NARRATIVE (Refer to vehicle by Unit No.)	Source of above info. Side of Truck Papers Driver Log Book
	GVWR/GCWR
	Were HAZMAT placards displayed on the vehicle?
	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 X Y N UNK Out of Service? Y N
	MCS Y N UNK Out of Service? Y N
	Form No
	IDOT PERMIT NO WIDE LOAD?
LOCAL USE ONLY	TRAILER VIN 2 TRAILER WIDTH(S): 0-96" 97-102" > 102"
LOCAL USE ONLY	TRAILER 1
	TRAILER 2
U Color U DRUG1 U DRUG2 U DRUG1 U DRUG2	TRAILER LENGTH(S): 1 ft TRAILER 2 ft TOTAL VEHICLE LENGTH 40 ft NO. OF AXLES 3
U Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: Towed by / to	SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
U Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: Towed by / to	VEHICLE CONFIGURATION 1
	CARGO BODY TYPE 1 LOAD TYPE 5

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hinted by authority of the State of Illinois	
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INVESTIGATING AGENCY DAMAGE TO ANY \$500 OR LESS											M	TYP ON SCEN	E OF REPOR	Т		A No Injury / I	Drive Av	vay	AG	ENCY CR	ASH REPORT NO.	TRFW			
ISP									NE PERSO CLE / PRO			- \$1,50 R \$1,50				SCENE (DES	K REPO	RT)	B Injury and /	or Tow I	Due To Crash	YR 2023	08-23	3-02244	2
ADDRESS NO. HIGHWAY or STREET NAME												Ci			p N	TERSECT ELATED		DAT		TIME	AM	SECONDARY CRASH YES NO	VEHT		
I-70 W/B												SAL	INE TV			IVATE	Y N		/ day / yr	01:54	PM	FLOW CONDITION	U		
CIRCLE) (CIRCLE) FT / MI N E S W REST AREA													COUN	NTY			OPERTY.		DOOR WITH		# OF MOT VEHICLES		SLOW STOPPED		
													MAD	DISON		HI	T & RUN	Y N		LCYCLIST? N	4		FREE FLOW	U	
DRIVER PARKED DRIVERLESS PED PEDAL EQUES NMV NCV DV DATE OF BIRTH												RTH	MA	AKE		MODE	L	YEAR		RCLE NUMBER(S) R DAMAGED AREA		FRONT	TOWED N	# LNS	
NAME (LAST, FIRST, MI) mo / day / yr										yr							00	0 - NONE) K	DUE TO CRASH 2 FIRE	_ U			
STRE	ET ADE	DRESS								SEX SAFT AI				DV DN DINK IN			LEVE!	N ENGAGED AT 1			14 TOTAL (ALL APEAS)				U
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														Y N UNK VEH CRASH 14 - TOTAL (ALL AREAS) 9 16-TOP 3 DISTRACTED 15 - OTHER 8 15 - OTHER							SPDR				
CITY					STATE			ZIP			INJ	EJECT	EPTH	H PL	PLATE NO. STATE YEAR POINT OF FIRST CONTACT PLATE ON VALUE POINT OF FIRST CONTACT PLATE ON VALUE POINT OF FIRST CONTACT PLATE OF THE PART							J T			
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N	1															1					07/12/2023	01:56	PM	DID CRASH OCCUR IN A WORK ZONE?	DIKP
PROPERTY OWNER ADDRESS CITY STATE										TATE	2	ZIP	PRIMA	RY CAU 20	SE SI	ECONDARY CAUSE 99		07/12/2023	тіме 01:56	AM	IF YES CHECK ONE BELOW:	U 			
3 CITATION ISSUED PENDING												SECTION				CITATIO		EMS	S ARRIVED	TIME	V.v.	CONSTRUCTION	U		
ARREST NAME																	07/12/2023			02:03	PM	MAINTENANCE UTILITY	SPD LMT		
U N					CITATI ARREST I		ED	PEND	ING					SI	ECTION			CITATION NO. ROAD CLEARANCE 07/12/2023				TIME 06:30	AM	UNKNOWN WORK ZONE TYPE	U
T	2				OFFICER				FICER 1					BI	EAT/TRO)P			ISOR ID.		JRT DATE	TIME	PM AM	WORKERS PRESENT?	
	3 7426						Т	BECH	IERER				08	08			S JANUS, 5262					PM	WORKERS PRESENT?	U	

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.
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	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
	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
NARRATIVE (Refer to vehicle by Unit No.)	Source of above info. Side of Truck Papers Driver Log Book
	GVWR/GCWR
	Were HAZMAT placards displayed on the vehicle?
	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?
	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
	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
LOCAL USE ONLY	TRAILER WIDTH(S): 0-96" 97-102" > 102"
	TRAILER 1
	TRAILER LENGTH(S): 1ft TRAILER 2ft
U Color U DRUG1 U DRUG2 U DRUG1 U DRUG2 U Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: Towed by / to	TOTAL VEHICLE LENGTHft NO. OF AXLES SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
U Towed due to: Disabiling Damage NOT Disabiling Damage Extent: Towed by / to	VEHICLE CONFIGURATION
	CARGO BODY TYPE LOAD TYPE

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INVESTIGATING AGENCY DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY									\$501	- \$1,50	0		N SCENE OT ON SCE	ENE (DESK I	REPORT)	A No Injury		<u> </u>	4	1	ASH REPORT NO.	2				
ISP										ICLE / FRO	OPERTY X	OVI	ER \$1,50	00	AMENDED				_ , ,		w Due To Crash	YR 2023 08-23-02244 TIME			VEHT	
ADDRESS NO. HIGHWAY or STREET NAME I-70 W/B													City SALII	, NE TWP	Township INTERSECTION Y RELATED			л.,	OATE OF CRASH 07/12/2023 mo / day / yr	O1:54 PM SECONDARY CRAFT YES NO FLOW CONDITION			VEHI			
(CIRCLE) (CIRCLE) REST AREA												COUNT			PRIVATI PROPER		DO DO	ORING Y	# OF MO		SLOW					
AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD)										FEAT	URE)					HIT & R	UN Y	N PEI	ΓΗ DALCYCLIST? ⊠Ν	VEHICLES INVLD STOPPED FREE FLOW			U			
DRIVER PARKED DRIVERLESS PED PEDAL EQUES NMV NCV DV										DAT	E OF BI	RTH	MAKE MODEL			IODEL	YEAR		CIRCLE NUMBER(S) FOR DAMAGED ARE				# LNS			
	(LAST, F		I)										/ day /								00 - NONE 13 - UNDER CARRIA	AGE 10	╣┈┈┈			
STRE	ET ADE	DRESS										SEX	SAFT	AIR	AUTO	OMATED S'	TINIK 1	LEVEL IN VEH	LEVEL ENGAGED AT CRASH		14 - TOTAL (ALL AI 15 - OTHER		16-TOP 3	DISTRACTED DISTRACTED	U	
CITY					STA	TE		2	ZIP			INJ	EJECT	EPTI	H PLA	TE NO.	STA		YEAR		99 - UNKNOWN POINT OF	71	6 6	*Distraction Value	ALGN	
TELE	PHONE					ממט	/FD I	ICENSE	NO			STATE	CLASS	CDLI	D VIN						FIRST CONTACT ANCE CO.		REAR	COM VEH *	<u>]</u> U	
TELE	FHONE					DKI	VEK L	ICENSE	NO.			SIAIL	CLASS	CDL1	VIIV					INSUR	ANCE CO.			Yes No	U	
EMS A	GENCY	Y											PEDV	PPA	PPL	VEHICLE C	OWNER (LA	ST, FIRST N	M.I.)			POLICY NO	O.		RSUR	
TAKE	N TO												INCII RESPO	DENT	IF "Y"	OWNER AD	DRESS (ST	REET, CITY	, STATE, ZIP)				TELEPH	IONE	1	
_		1											Y	YN						Y N	VEHU					
DR	IVER	PARKE	EDDRI	VERLESS	PED	PE	EDAL _	EQUE:	SN	IMV LIN	CV DV	DAT	E OF BI	RTH	MA	KE	N	IODEL	YEAR		CIRCLE NUMBER(S) FOR DAMAGED ARE.	A(S) 111	FRONT 12	TOWED DUE TO CRASH	J	
	(LAST, F		I)										day/	_	AUTOMATED SYSTEM LEVEL					00 - NONE 13 - UNDER CARRIA				1		
STRE	ET ADE	DRESS										SEX	SAFI	AIR AUTOMATED SYSTEM LEVEL LEVEL 15- ONDER CARRIAGE 16-TOP 3 DISTRACTED 15 ONDER CARRIAGE 16-TOP 3 DISTRACTE						DISTRACTED	SPDR					
CITY					STA	TE		2	ZIP			INJ	EJECT	EPTH	I PLA	TE NO.	STA		YEAR		99 - UNKNOWN POINT OF	71	6 5	*Distraction Value]] U	
TELE	PHONE					DRIV	VER L	ICENSE	NO.			STATE	CLASS	CDL I	D VIN						FIRST CONTACT ANCE CO.		REAR	COM VEH * EXPIRED	<u> </u>	
														Yes No							Yes No	U RDEF				
EMS A	GENCY	Y											PEDV PPA PPL VEHICLE OWNER (LAST, FIRST M.I.) POLICY NO.									1				
TAKE	N TO												INCIDENT IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP) RESPONDER IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE								IONE	BAC				
UNIT)	(SEAT)	(De	OB)	(SEX) (SA	FT)	(AIR)	(INJ)	(EJCT	(EPTH)		PASSI	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (EMS) (HOSPITAL)								(HOSPITAL)	U				
1	7			М	!	9	3	0	1		ALVI	SUREZ	Z, HENI	RRIN	/		, D <i>f</i>	ALLAS, TX	75252 /						U	
2	7			М		1	3	0	1		IBRAHI	M, AB	DIKAD	IR A /			, NASHVII	LE, TN 372	207						# OCC	
3	7			М		1	3	0	1		SHARP	, EVE	, EVERETT JENNINGS / GRAYSVILLE, OH 45734 /											U		
																									T.	
U N	EVNO)	(MOST)	(EVNT)	(LOC)	DAM	AGED	PROF	PERTY (OWNE	ER NAME	Į.					DAM	AGED PRO	PERTY		P	OLICE NOTIFIED 07/12/2023	TIME 01:56	AM	DID CRASH OCCUR Y	DIRP	
I T	1	Н			PROP	PERTY	OWN	IER ADI	ORES	RESS CITY STATE						ZIP PRIMARY CAUSE			AUSE SECONDARY CAUSE EMS NOTIFIED			TIME	Man	IN A WORK ZONE?	U	
	2	\blacksquare				CITATION ISSUED PENDING							SECTION CITATION N				TION NO	F	07/12/2023 MS ARRIVED	01:56	PM	IF YES CHECK ONE BELOW: CONSTRUCTION				
	3				_	EST N		ענו	ren	DING					SECTION			07/12/2023			07/12/2023	02:03	AM PM	MAINTENANCE UTILITY	SPD LMT	
U N	1	\mathbb{H}			_	TATIO		ED	PENI	DING					SECTION			CITA	CITATION NO. ROAD CLEARANCE 07/12/2023			TIME UNKNOWN WORK ZONE TYPE			U	
T	2			1		CER II		OFFICER NAME							BEA	BEAT/TROOP			SUPERVISOR ID. COURT DATE			TIME WORKERS PRESENT?				
	3	7426 T BECHERER					IERER				08	S JANUS			ANUS, 5262				PM	N N	U					

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
NARRATIVE (Refer to vehicle by Unit No.)	Source of above info. Side of Truck Papers Driver Log Book
NARRATIVE (Refer to vehicle by Unit No.)	GVWR/GCWR
	Were HAZMAT placards displayed on the vehicle?
	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 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
LOCAL LICE ONLY	TRAILER VIN 2 TRAILER WIDTH(S): 0-96" 97-102" > 102"
LOCAL USE ONLY	TRAILER 1
	TRAILER 2
U Color U DRUG1 U DRUG2 U DRUG1 U DRUG2	TRAILER LENGTH(S): 1 ft TRAILER 2 ft TOTAL VEHICLE LENGTH ft NO. OF AXLES
U Towed due to: Disabling Damage NOT Disabling Damage Extent: Towed by / to	SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
U Towed due to: Disabling Damage NOT Disabling Damage Damage Extent: Towed by / to	VEHICLE CONFIGURATION
	CARGO BODY TYPE LOAD TYPE