

National Transportation Safety Board

Office of Highway Safety

Washington, DC 20594



HWY24MH005

ILLINOIS TRAFFIC CRASH REPORT

(5 Pages)

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets

TC002

X00336887

DRAC 1 1 U 1 : U 2	TRFD 13	TRFC 4	WEAT 1	DRVA 8 1 U 1 : U 2	VIS 1 1 U 1 : U 2	VEHD 1 1 U 1 : U 2	LGHT 1	COLL 14	MANV 1 1 U 1 : U 2
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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 2024 06-24-00293	TRFW 1
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ADDRESS NO.	HIGHWAY or STREET NAME US-24	<input type="checkbox"/> City <input checked="" type="checkbox"/> Township BUENA VISTA TWP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 3/11/2024 mo / day / yr	TIME 11:29 <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 U1 7 U2
<input checked="" type="checkbox"/> 1800 (CIRCLE) / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH	SULLIVAN DR. (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY SCHUYLER	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 2		

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV SPIKER, ANGELA M NAME (LAST, FIRST, MI)	DATE OF BIRTH [REDACTED]	MAKE FORD	MODEL SCHOOL BUS	YEAR 2020	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 16-TOP 2 9 8 4 7 6 5 REAR	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 checked="" type="checkbox"/> N	*Distraction Value COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# LNS 2 U1 2 U2 4 U1 4 U2	
STREET ADDRESS [REDACTED]	SEX F SAFT 2 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	PLATE NO. 109212SB STATE IL YEAR 2025	POINT OF FIRST CONTACT 12	INSURANCE CO. LLOYDS SYNDICATE	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
CITY RUSHVILLE STATE IL ZIP 62681	INJ K EJECT 1 EPTH 0	INSURANCE CO. (LAST, FIRST M.I.) SCHUYLER-INDU, SCHOOL DISTRICT NO 5.	POLICY NO. [REDACTED]									
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL CLASS BM CDL ID 7	VIN 1FDES6PG9LKA46677	INSURANCE CO. LLOYDS SYNDICATE	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
EMS AGENCY SCHUYLER COUNTY AMBULANCE	PEDV <input type="checkbox"/> PPA <input type="checkbox"/> PPL <input type="checkbox"/>	VEHICLE OWNER (LAST, FIRST M.I.) SCHUYLER-INDU, SCHOOL DISTRICT NO 5.	POLICY NO. [REDACTED]									
TAKEN TO SCHUYLER COUNTY CORONER	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP) 740 MAPLE AVE, RUSHVILLE, IL 62681	TELEPHONE (217) 322-4311									

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV COUFAL, DAVID B NAME (LAST, FIRST, MI)	DATE OF BIRTH [REDACTED]	MAKE MACK TRUCKS	MODEL TRUCK	YEAR 2001	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 16-TOP 2 9 8 4 7 6 5 REAR	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 checked="" type="checkbox"/> N	*Distraction Value COM VEH * <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	# LNS 7 U1 20 U2 0 SPDR U1 0 U2
STREET ADDRESS [REDACTED]	SEX M SAFT 1 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	PLATE NO. P1158004 STATE IL YEAR 2024	POINT OF FIRST CONTACT 12	INSURANCE CO. ACUITY, A MUTUAL INSURANCE CO	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
CITY BROWNING STATE IL ZIP 62624	INJ K EJECT 1 EPTH 0	VEHICLE OWNER (LAST, FIRST M.I.) BEAIRD, TRANSPORT IN	POLICY NO. [REDACTED]								
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL CLASS A* CDL ID 7	VIN 1M1AA13Y81W137002	INSURANCE CO. ACUITY, A MUTUAL INSURANCE CO	EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
EMS AGENCY SCHUYLER COUNTY AMBULANCE	PEDV <input type="checkbox"/> PPA <input type="checkbox"/> PPL <input type="checkbox"/>	VEHICLE OWNER (LAST, FIRST M.I.) BEAIRD, TRANSPORT IN	POLICY NO. [REDACTED]								
TAKEN TO SCHUYLER COUNTY CORONER	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP) 7132 E SEED CORN RD, ASTORIA, IL 61501	TELEPHONE (309) 329-9931								

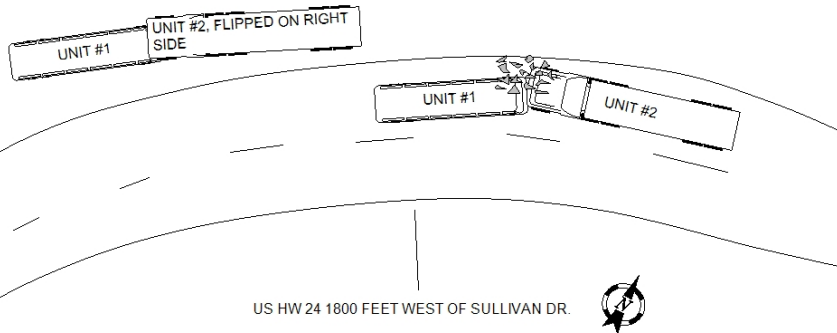
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)
1	6	[REDACTED]	F	1	3	K	1		[REDACTED] / [REDACTED], RUSHVILLE, IL 62681	SCHUYLER COUNTY AMBULANCE	SCHUYLER COUNTY CORONER
1	6	[REDACTED]	M	1	3	K	1		[REDACTED] / [REDACTED], RUSHVILLE, IL 62681	SCHUYLER COUNTY AMBULANCE	SCHUYLER COUNTY CORONER
1	4	[REDACTED]	M	1	3	K	1		[REDACTED] / [REDACTED], RUSHVILLE, IL 62681	SCHUYLER COUNTY AMBULANCE	SCHUYLER COUNTY CORONER
W	-	[REDACTED]	M	-	-	-	-	-	CARSON, TANNER L / [REDACTED], RUSHVILLE, IL 62681 / [REDACTED]		

UNIT 1	EVNO	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 3/11/2024	TIME 11:32	<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 3 U1	
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 3/11/2024	TIME 11:32	<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	7 U2
	2	<input type="checkbox"/>	1	2	<input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED 3/11/2024	TIME 11:35	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		55 SPD LMT U1
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 3/11/2024	TIME 07:25	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	55 U2
	2	<input type="checkbox"/>	1	3	ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		
3	<input type="checkbox"/>	3	3	3	OFFICER ID. 6479	OFFICER NAME T MILES	BEAT/TROOP 06	SUPERVISOR ID. E HELTON, 5215	COURT DATE	TIME		

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.



NARRATIVE (Refer to vehicle by Unit No.)

UNIT #1 WAS TRAVELING EAST ON US 24 1800 FT WEST OF SULLIVAN DR. UNIT #2 (PULLING A 2001 VANTAGE DUMP TRAILER, VIN# 4EPAA39261ATA3791, LIC# 539370ST) WAS TRAVELING WEST AT THE SAME LOCATION. UNIT #1 FOR UNKNOWN REASONS, CROSSED THE CENTER LINE INTO UNIT #2'S LANE OF TRAVEL. UNIT #1 AND UNIT #2 COLLIDED HEAD ON IN THE WEST BOUND LANE. DUE TO THE WEIGHT AND MOMENTUM OF UNIT #2, BOTH UNITS TRAVELED WEST APPROX 150 FT AFTER IMPACT. BOTH UNIT #1 & 2 BECAME ENGULFED IN FIRE. ALL OCCUPANTS WERE DECLARED DECEASED BY THE SCHUYLER COUNTY CORONER.

LOCAL USE ONLY

U 1 Color YELLOW	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 Belville's Towing / Belville's Towing			
U 2 Towed due to: <input checked="" type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage	Damage Extent: 3	Towed by / to Belville's Towing / Belville's 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 **BEAIRD TRANSPORT**

ADDRESS **7132 E SEED CORN RD**

CITY/STATE/ZIP **ASTORIA / IL / 61501**

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

USDOT NO. **1750062** 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. **IL3998291753**

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER VIN 1 **4EPAA39261ATA3791**

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 _____ ft NO. OF AXLES **5**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **3**

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

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

TC002

X00336887

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U	U	13	4	1	U	U	U	1	14

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 2024 06-24-00293	TRFW 1
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ADDRESS NO. US-24	HIGHWAY or STREET NAME SULLIVAN DR.	<input type="checkbox"/> City <input checked="" type="checkbox"/> Township BUENA VISTA TWP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 3/11/2024 mo / day / yr	TIME 11:29 <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 checked="" type="checkbox"/> 1800 (CIRCLE) / MI N E S (CIRCLE) W <input type="checkbox"/> AT INTERSECTION WITH	(NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY SCHUYLER	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 2		

<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 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 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							ALGN U
STREET ADDRESS	INJ EJECT EPTH	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED Yes <input type="checkbox"/> No <input type="checkbox"/>		POLICY NO.		RSUR 1		
CITY STATE ZIP	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST M.I.)		TELEPHONE		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		VEHU U	
TELEPHONE	DRIVER LICENSE NO.	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		SPDR U	
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		RDEF 1		
TAKEN TO	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		BAC 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 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"/>		POLICY NO.		RDEF 1		
CITY STATE ZIP	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST M.I.)		TELEPHONE		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		BAC U	
TELEPHONE	DRIVER LICENSE NO.	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		SPDR U	
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		RDEF 1		
TAKEN TO	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		BAC U	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSPITAL)
W	-		M	-	-	-	-	-	COIL, MARK A / [REDACTED], RUSHVILLE, IL 62681 / [REDACTED]		

UNIT	EVNO	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 3/11/2024	TIME 11:32	<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 U	
	1				PROPERTY OWNER ADDRESS CITY STATE ZIP	PRIMARY CAUSE 20	SECONDARY CAUSE 99	EMS NOTIFIED 3/11/2024	TIME 11:32	<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 3/11/2024	TIME 11:35	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SPD LMT U	
UNIT	1				ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE 3/11/2024	TIME 07:25	<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. 6479	OFFICER NAME T MILES	BEAT/TROOP 06	SUPERVISOR ID. E HELTON, 5215	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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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.

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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								