



HUMAN PERFORMANCE FACTORS ATTACHMENT

4-7-12 Crash Report

Arlington, WI

HWY20FH006

(3 pages)

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



DRAC U1 1	PEDV U2 /	TRFD 3	TRFC 4	WEAT 1	DRVA Kc	VIS U1 1	VEHD U2 1	LGHT U1 1	COLL U2 1	MANV U1 1	PRA U2 11	PPL 99	9
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INVESTIGATING AGENCY LAKE COUNTY SHERIFFS	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 checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. YR 12 4424	TRFV 2			
ADDRESS NO. RT 59	HIGHWAY or STREET NAME RT 22	City LAKE BARRINGTON	Township 2225A	INTERSECTION RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE OF CRASH 4/7/12	TIME 3:19 PM	LARS CODE	VEHT U1 1
(CIRCLE) 1500 / MI N E W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) RT 22 NAME OF INTERSECTION OR ROAD FEATURE	COUNTY LAKE	PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HIT & RUN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CIRCLE DAY OF WEEK SU MO TU WE TH FR SA	NUMBER MOTOR VEHICLES INVLD 2	LARS CODE	U2 15

NAME BRUNO, PHILLIP A.	DATE OF BIRTH	MAKE CADILLAC	MODEL 4DR	YEAR 06	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 1 2 3 4 5 6 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HAZMAT SPILL COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. LANES 2
STREET ADDRESS	SEX SAFT AIR M 2 4	PLATE NO. IL TEMP	STATE IL	YEAR 11	INJURY 0	EJECT 1	VEIN 16L6KDS718	VEHT U1 1	U2 15	RSUR 1
CITY DNA	STATE IL	ZIP 60015	INJURY 0	EJECT 1	VEIN 16L6KDS718	VEHT U1 1	U2 15	RSUR 1	VEHU 2	U1 1
TELEPHONE	DRIVER LICENSE NO.	STATE IL	CLASS CBL	VEHICLE OWNER (LAST, FIRST MI) SAME AS DRIVER	INSURANCE CO. STATES FARM	TELEPHONE	POLICY NO.	U1 1	U2 2	RDEF 1

NAME KRUEGER, JANETTE A	DATE OF BIRTH	MAKE VOLKSWAGEN	MODEL SUV	YEAR 09	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 1 2 3 4 5 6 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HAZMAT SPILL COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	BAC 96
STREET ADDRESS	SEX SAFT AIR F 2 4	PLATE NO.	STATE IL	YEAR 11	INJURY 0	EJECT 1	VEIN SAME AS DRIVER	VEHT U1 1	U2 2	RDEF 1
CITY DNA	STATE IL	ZIP DNA	INJURY 0	EJECT 1	VEIN SAME AS DRIVER	VEHT U1 1	U2 2	RDEF 1	VEHU 2	U1 1
TELEPHONE	DRIVER LICENSE NO.	STATE IL	CLASS B	VEHICLE OWNER (LAST, FIRST MI) SAME AS DRIVER	INSURANCE CO. FARMERS	TELEPHONE	POLICY NO.	U1 1	U2 2	RDEF 1

UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)
									DNA	


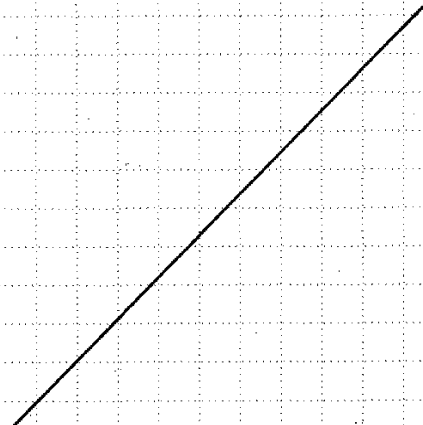
1	1	11	1	DAMAGED PROPERTY OWNER NAME DNA	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S) PRIMARY 28 SECONDARY 99	POSTED SPEED LIMIT
2	1	11	1	PROPERTY OWNER ADDRESS CITY STATE ZIP	ARREST NAME PHILLIP BRUNO	SECTION 11-601(a)	CITATION NO.
3	1	11	1	ARREST NAME	OFFICER ID. 2015	SIGNATURE A. LEISTEN	BEAT / DIST. 3
1	1	11	1	ARREST NAME	DATE POLICE NOTIFIED 04/07/12	TIME NOTIFIED 3:19 PM	
2	1	11	1	ARREST NAME	COURT DATE 05/24/12	COURT TIME 1:30 PM	
3	1	11	1	ARREST NAME			

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

*IF YES TO HAZMAT SPILL OR COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

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SR 1550, JANUARY 2010

U100194197	A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.	 INDICATE NORTH BY ARROW	COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS. A CMV is defined as any motor vehicle used to transport passengers or property and: 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or 2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).
			
NARRATIVE (Refer to vehicle by Unit No.) UNIT 2 SAID SHE WAS STOPPED IN TRAFFIC ON A RED LIGHT ON RT 59 JUST SOUTH OF RT 22 WHEN SHE WAS REAR ENDED BY UNIT 1 UNIT 1 SAID HE WAS STOPPED BEHIND UNIT 2 WHEN HIS FOOT SLIPPED OFF THE BRAKE AND HE REAR ENDED UNIT 2		CARRIER NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ USDOT NO. _____ ILCC NO. _____ Source of above info. <input type="checkbox"/> Side of Truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book Gross Vehicle Weight Rating (GVWR) _____ Were HAZMAT placards displayed on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did HAZMAT Regulations violation contribute to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was a Driver/Vehicle Examination Report form completed? HAZMAT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No MCS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Out of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Form No. _____ IDOT PERMIT NO. _____ WIDE LOAD? <input type="checkbox"/> Yes <input type="checkbox"/> No TRAILER WIDTH(S): 0-96" 97-102" >102" TRAILER 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRAILER 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____ CRASH LOCATION: <input type="checkbox"/> CITY OF _____ OR <input type="checkbox"/> NEAREST CITY _____ MILES N E S W OR _____ CIRCLE ONE CITY NAME _____ SELECT CODES FROM BACK COVER OF CRASH BOOKLET: VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____	
LOCAL USE ONLY			
U1 Color BLACK U1 Towed by / to DNA	U2 Color WHITE U2 Towed by / to DNA		