



HUMAN PERFORMANCE FACTORS ATTACHMENT

9-22-16 Crash Report

Arlington, WI

HWY20FH006

(5 pages)

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



DRAC 1 U 1	PEDV 1 U 2	TRFD 12	TRFC 4	WEAT 1	DRVA 8 U 1	VIS 1 U 1	VEHD 1 U 2	LGHT 5	COLL 12	MANV 13 U 1	PPA 1 U 2	PPL	TC002												
INVESTIGATING AGENCY ISP								DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input 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		A No Injury / Drive Away B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. YR 2016 15-16-06823		TRFW 3									
ADDRESS NO.		HIGHWAY or STREET NAME I-90 W/B						CITY HANOVER TWP		DATE OF CRASH mo / day / yr 9/22/2016		TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 04:51	LARS CODE	VEHT 7 U 1											
<input checked="" type="checkbox"/> 34 (CIRCLE) / MI N E S W (CIRCLE) AT INTERSECTION WITH		MILEPOST 62.0 (NAME OF INTERSECTION OR ROAD FEATURE)						COUNTY COOK		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 2	LARS CODE	VEHT 7 U 2										
NAME <input checked="" 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 MASSRI, HAMEDA (LAST, FIRST, MI)		DATE OF BIRTH mo / day / yr [REDACTED]		MAKE VOLVO		MODEL .		YEAR 2006		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 12		FRONT	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. LANES 6							
STREET ADDRESS [REDACTED]		SEX M		SAFT 2	AIR 4	PLATE NO. P888135		STATE IL	YEAR 2017	VEHICLE OWNER (LAST, FIRST M.I.) QUALITY, FREIGHT LLC		INSURANCE CO. SENTRY SELECT INSURANCE COMPANY		ALGN 1	RSUR 1	VEHU 20 U 1									
CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]		INJURY 0		EJECT 1	VIN 4V4NC9GH16N400792		REAR		POLICY NO. [REDACTED]		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 750 BIRGINAL DR, BENSENVILLE, IL 60106		TELEPHONE (630) 530-9340								
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS A		VEHICLE OWNER (LAST, FIRST M.I.) ALTON, TRANSPORT INC		INSURANCE CO. NATIONAL INTERSTATE INSURANCE CO		POLICY NO. [REDACTED]		TELEPHONE (219) 228-5202		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4243 S KNOX AVE, CHICAGO, IL 60631									
TAKEN TO [REDACTED]		EMS AGENCY [REDACTED]		PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)		(EMS)		# OCCS 1 U 1		RDEF 1 U 2		BAC 96 U 1		DRP 7 U 1									
NAME <input checked="" 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 BRUNO, PHILLIP A (LAST, FIRST, MI)		DATE OF BIRTH mo / day / yr [REDACTED]		MAKE MACK TRUC		MODEL .		YEAR 2012		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3		FRONT	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. LANES 1 U 2							
STREET ADDRESS [REDACTED]		SEX M		SAFT 2	AIR 4	PLATE NO. P813553		STATE IL	YEAR 2017	VEHICLE OWNER (LAST, FIRST M.I.) ALTON, TRANSPORT INC		INSURANCE CO. NATIONAL INTERSTATE INSURANCE CO		POLICY NO. [REDACTED]		TELEPHONE (219) 228-5202									
CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]		INJURY 0		EJECT 1	VIN 1M1AN09Y2CM009326		REAR		TELEPHONE (219) 228-5202		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4243 S KNOX AVE, CHICAGO, IL 60631										
TELEPHONE [REDACTED]		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS AM		VEHICLE OWNER (LAST, FIRST M.I.) ALTON, TRANSPORT INC		INSURANCE CO. NATIONAL INTERSTATE INSURANCE CO		POLICY NO. [REDACTED]		TELEPHONE (219) 228-5202		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4243 S KNOX AVE, CHICAGO, IL 60631									
TAKEN TO [REDACTED]		EMS AGENCY [REDACTED]		PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)		(EMS)		# OCCS 1 U 1		RDEF 1 U 2		BAC 96 U 1		DRP 7 U 1									
1	EVNO	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME				DAMAGED PROPERTY				CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT		DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N IF YES CHECK ONE BELOW: <input checked="" type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE								
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS				CITY				STATE					ZIP		PRIMARY	45				
	2	<input type="checkbox"/>			ARREST NAME				SECTION				CITATION NO.					SECONDARY	4						
2	EVNO	(MOST)	(EVNT)	(LOC)	ARREST NAME				SECTION				CITATION NO.				DATE POLICE NOTIFIED		TIME NOTIFIED		WORKERS PRESENT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
	1	<input checked="" type="checkbox"/>	11	1	OFFICER ID. 6035				OFFICER NAME P DUDEK				BEAT/DIST. 15				SUPERVISOR ID. G HART, 5415					COURT DATE		COURT TIME	
	2	<input type="checkbox"/>			OFFICER ID. 6035				OFFICER NAME P DUDEK				BEAT/DIST. 15				SUPERVISOR ID. G HART, 5415					COURT DATE 10/28/2016		COURT TIME 09:00	

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

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 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 **QUALITY FREIGHT LLC**

ADDRESS **750 BIRGINAL DR**

CITY/STATE/ZIP **BENSENVILLE / IL / 60106**

USDOT NO. **1947018** ILCC NO. _____

Source of above info: Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) **80000**

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

Was a Driver/Vehicle Examination Report form completed? Y N UNK

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. **0709560154**

IDOT PERMIT NO. _____ WIDE LOAD? Y N

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

TRAILER 1

TRAILER 2

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

TOTAL VEHICLE LENGTH **63** ft NO. OF AXLES **5**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **6**

CARGO BODY TYPE **2** LOAD TYPE **9**

NARRATIVE (Refer to vehicle by Unit No.)

UNITS ONE AND TWO WERE TRAVELING ON I-90 W/B AT APPROXIMATELY MILEPOST 62.0. UNIT TWO WAS IN LANE #1(LANE #1, BEING THE CLOSEST LANE TO THE MEDIAN CONCRETE WALL) AND UNIT ONE WAS IN LANE #2. LANES #3 AND #2 WERE ENDING DUE TO CONSTRUCTION. UNIT ONE WAITED TO MERGE UNTIL LANE TWO WAS ENDING AND MADE AN IMPROPER LANE CHANGE FROM LANE TWO ONTO LANE ONE. UNIT ONE SIDE SWIPE THE PASSENGER SIDE OF UNIT TWO TRUCK TRACTOR WITH THE DRIVER SIDE OF UNIT ONE SEMITRAILER. TRAILER INFO UNIT TWO TRAILER MAKE POLAR TRAILER YEAR 2011 REG IL 400670ST VIN 1PMA3442XB1037287 OWNER ALTOM TRANSPORT INC 7439 ARCHER AVE SUMMIT IL 60501 UNIT ONE TRAILER MAKE GREAT DANE YEAR 2015 REG IL 488889ST VIN 1GRAP0622FT602551 OWNER QUALITY FREIGHT LLC 810 BIRGINAL DR BENSENVILLE IL 60106

LOCAL USE ONLY

U 1 Color **WHITE** U 2 Color **RED**

U 1 Towed by / to _____ U 2 Towed by / to _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets



DRAC U	PEDV U	TRFD 12	TRFC 4	WEAT 1	DRVA U	VIS U	VEHD U	LGHT 5	COLL 12	MANV U	PPA U	PPL U	TC002			
INVESTIGATING AGENCY ISP					DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input 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 2016 15-16-06823		TRFW 3		
ADDRESS NO.		HIGHWAY or STREET NAME I-90 W/B			City Township HANOVER TWP		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH mo / day / yr 9/22/2016		TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 04:51		LARS CODE	VEHT U		
<input checked="" type="checkbox"/> 34 (CIRCLE) / MI N E S (CIRCLE) (M) AT INTERSECTION WITH		MILEPOST 62.0			COUNTY COOK		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE	U		
NAME <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 (LAST, FIRST, MI)		DATE OF BIRTH mo / day / yr		MAKE MODEL YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) FRONT		TOWED DUE TO CRASH Y N		NO. LANES		VEHT		U		
STREET ADDRESS		SEX SAFT AIR		PLATE NO. STATE YEAR		10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH *		ALGN		U		U		
CITY STATE ZIP		INJURY EJECT		VIN		POINT OF FIRST CONTACT		REAR		RSUR		U		U		
TELEPHONE		DRIVER LICENSE NO. STATE CLASS		VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.		U		U		U		U		
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U		U		U		
NAME <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 (LAST, FIRST, MI)		DATE OF BIRTH mo / day / yr		MAKE MODEL YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) FRONT		TOWED DUE TO CRASH Y N		NO. LANES		VEHT		U		
STREET ADDRESS		SEX SAFT AIR		PLATE NO. STATE YEAR		10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH *		RDEF		U		U		
CITY STATE ZIP		INJURY EJECT		VIN		POINT OF FIRST CONTACT		REAR		BAC		U		U		
TELEPHONE		DRIVER LICENSE NO. STATE CLASS		VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.		U		U		U		U		
TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.		U		U		U		
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)				(HOSP)	(EMS)	U		
														U		
														U		
														U		
														U		
UNIT	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME			DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U	
	1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS			CITY STATE ZIP			PRIMARY	45			U	
	2	<input type="checkbox"/>			ARREST NAME			SECTION CITATION NO.			SECONDARY		4	U		
UNIT	1	<input type="checkbox"/>			ARREST NAME			SECTION CITATION NO.			DATE POLICE NOTIFIED	TIME NOTIFIED	IF YES CHECK ONE BELOW: <input checked="" type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	U		
	2	<input type="checkbox"/>			OFFICER ID.			OFFICER NAME			9/22/2016	04:51		U		
	3	<input type="checkbox"/>			OFFICER ID.			OFFICER NAME			10/28/2016	09:00	U			

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

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 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 **ALTOM TRANSPORT INC**

ADDRESS **4243 KNOX AVE**

CITY/STATE/ZIP

USDOT NO. **297572** ILCC NO.

Source of above info: Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) **80000**

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard

4-digit UN no. **1863** 1-digit Hazard Class no. **3**

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 Motor Carrier Safety Regulations (MCS) 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. **0709560155**

IDOT PERMIT NO. WIDE LOAD? Y N

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

TRAILER 1

TRAILER 2

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

TOTAL VEHICLE LENGTH **63** ft NO. OF AXLES **5**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **6**

CARGO BODY TYPE **3** LOAD TYPE **9**

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U Color

U Color

U Towed by / to

U Towed by / to