



HUMAN PERFORMANCE FACTORS ATTACHMENT

9-25-15 Crash Report

Arlington, WI

HWY20FH006

(3 pages)

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



X000336607



TC002

| | | | | | | | | | | | | | | | | | | |
|--|--------|--|-----------|---|-----------------------------|--|------------------------|---|-----------------------------------|--|-----|--|---|--|---|---|--|-----------------|
| DRAC 1 1 U 1 U 2 | PEDV | TRFD 12 | TRFC 4 | WEAT 1 | DRVA 1 1 U 1 U 2 | VIS 1 1 U 1 U 2 | VEHD 1 1 U 1 U 2 | LGHT 1 | COLL 12 | MANV 13 13 U 1 U 2 | PPA | PPL | | | | | | |
| 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 | | | | AGENCY CRASH REPORT NO. 2015 03-15-12976 | | TRFW 3 | | | | |
| ADDRESS NO. 425 | | HIGHWAY or STREET NAME I-90 NB | | | | | | CITY CHICAGO | | INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | DATE OF CRASH 9/25/2015 mo / day / yr | | TIME 12:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | LARS CODE | VEHT 1 U 1 | | |
| (CIRCLE) 425 / MI | | (CIRCLE) MI E S W | | | | | | 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 6 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 NGUYEN, MICHAEL VAN | | | | DATE OF BIRTH mo / day / yr | | MAKE INFINITI | | MODEL G37 COUPE | | YEAR 2010 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN | | FRONT | | TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | NO. LANES 10 |
| STREET ADDRESS | | | | SEX M SAFT 2 AIR 4 | | PLATE NO. | | STATE IL | | YEAR 2016 | | CELLPHONE | | FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | ALGN 1 | | |
| CITY | | | | INJURY 0 EJECT 1 | | VIN JN1CV6AR1AM | | VEHICLE OWNER (LAST, FIRST M.I.) NGUYEN, MICHAEL VAN | | INSURANCE CO. STATE FARM MUTUAL AUTOMOBILE INS | | POINT OF FIRST CONTACT 6 | | REAR | | EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | RSUR 1 |
| TELEPHONE | | | | STATE IL | | CLASS D | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) | | TELEPHONE | | POLICY NO. | | COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | VEHT 2 U 1 | | |
| TAKEN TO | | | | EMS AGENCY | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) | | TELEPHONE | | POLICY NO. | | COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | VEHT 2 U 1 | | VEHT 1 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 BRUNO, PHILLIP A | | | | DATE OF BIRTH mo / day / yr | | MAKE MACK TRUC | | MODEL TRUCK | | YEAR 2012 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN | | FRONT | | TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | NO. LANES 1 |
| STREET ADDRESS | | | | SEX M SAFT 2 AIR 4 | | PLATE NO. P813353 | | STATE IL | | YEAR 2016 | | CELLPHONE | | FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | ALGN 1 | | |
| CITY | | | | INJURY 0 EJECT 1 | | VIN 1M1AN09Y2CM009326 | | VEHICLE OWNER (LAST, FIRST M.I.) ALTON TRANSPORT INC | | INSURANCE CO. NATIONAL INTERSTATE INSURANCE CO | | POINT OF FIRST CONTACT 2 | | REAR | | EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | BAC 96 |
| TELEPHONE | | | | STATE IL | | CLASS AM | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4243 S KNOX AVE, CHICAGO, IL 60631 | | TELEPHONE (000) 000-0000 | | POLICY NO. | | COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | VEHT 96 U 2 | | |
| TAKEN TO | | | | EMS AGENCY | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) | | TELEPHONE | | POLICY NO. | | COM VEH * <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | VEHT 96 U 2 | | VEHT 1 U 1 | | |
| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJECT) | PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) | | | | (HOSP) | (EMS) | | VEHT 1 U 1 | | | |
| | | | | | | | | | | | | | | | VEHT 1 U 2 | | | |
| | | | | | | | | | | | | | | | VEHT 1 U 1 | | | |
| | | | | | | | | | | | | | | | VEHT 1 U 2 | | | |
| UNIT 1 | EVNO | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | | | | DAMAGED PROPERTY | | | | CONTRIBUTORY CAUSE(S) | | POSTED SPEED LIMIT 55 | DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| | 1 | <input checked="" type="checkbox"/> | 11 | 1 | PROPERTY OWNER ADDRESS | | | | CITY STATE ZIP | | | | PRIMARY 20 | | | IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE | | |
| | 2 | <input type="checkbox"/> | | | ARREST NAME | | | | SECTION CITATION NO. | | | | SECONDARY 28 | | | | | |
| UNIT 2 | 1 | <input checked="" type="checkbox"/> | 11 | 1 | ARREST NAME | | | | SECTION CITATION NO. | | | | DATE POLICE NOTIFIED 9/25/2015 mo / day / yr | | TIME NOTIFIED 12:31 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | | WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| | 2 | <input type="checkbox"/> | | | OFFICER ID. 6073 | | | | OFFICER NAME T MARSHALL | | | | BEAT/DIST. 03 | | SUPERVISOR ID. M KARPINSKI, 4783 | | COURT DATE | |
| | 3 | <input type="checkbox"/> | | | | | | | | | | | COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | |

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SR 1050 JANUARY 2013

IF YES TO COM VEH. COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

X000336607

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.)

UNITS ONE (RIGHT LANE) AND UNIT TWO (LANE THREE) WERE TRAVELING NORTHBOUND ON I-90 NORTH OF DIVISION AVENUE. UNIT ONE CHANGED LANES TO THE LEFT AND UNIT TWO CHANGED LANES TO THE RIGHT. UNIT ONE STRUCK UNIT TWO ON THE RIGHT FRONT WITH UNIT ONE'S LEFT REAR. UNIT ONE SPUN PERPENDICULAR TO TRAFFIC AFTER THE COLLISION. UNIT TWO THEN STRUCK UNIT ONE ON THE LEFT SIDE WITH UNIT TWO'S FRONT END PUSHING UNIT ONE FOR A SHORT DISTANCE. BOTH UNITS WERE GIVEN CRASH INFORMATION ON SCENE.

LOCAL USE ONLY

U 1 Color **BLACK** U 2 Color **RED**

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

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 **4242 S KNOX AVE**

CITY/STATE/ZIP **CHICAGO / IL / 60632**

USDOT NO. **297572**

ILCC NO.

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

Gross Vehicle Weight Rating (GVWR)

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?

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. **3694300146**

IDOT PERMIT NO. WIDE LOAD? Y N

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

TRAILER 1

TRAILER 2

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

TOTAL VEHICLE LENGTH **25** ft NO. OF AXLES **2**

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION **5**

CARGO BODY TYPE **9** LOAD TYPE **5**