

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



| | | | | | | | | | |
|------------------------|------------------|------------------|------------------|------------------------|-----------------------|------------------------|------------------|-------------------|-------------------------|
| DRAC 1 1 U 1 U 2 | TRFD 1 U 1 | TRFC 1 U 1 | WEAT 1 U 1 | DRVA 7 1 U 1 U 2 | VIS 1 1 U 1 U 2 | VEHD 1 1 U 1 U 2 | LGHT 1 U 1 | COLL 11 U 1 | MANV 1 11 U 1 U 2 |
|------------------------|------------------|------------------|------------------|------------------------|-----------------------|------------------------|------------------|-------------------|-------------------------|

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| INVESTIGATING AGENCY ISP | 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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED | AGENCY CRASH REPORT NO. YR 2022 09-22-00778 | TRFW 1 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|

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|-----------------------------------------------------------|------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| ADDRESS NO. | HIGHWAY or STREET NAME I-55-BL | CITY WILLIAMS TWP | TOWNSHIP WILLIAMS TWP | INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | DATE OF CRASH TIME 08/19/2022 06:00 | 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 1 U 1 1 U 2 |
| AT INTERSECTION WITH ENTRANCE TO RIVERSIDE PARK | | COUNTY SANGAMON | PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | HIT & RUN <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 | # LNS 4 U 1 4 U 2 2 U 1 |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------|
| <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 | DATE OF BIRTH [REDACTED] | MAKE MERCURY | MODEL SABLE | YEAR 2008 | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN | FRONT VIEW DIAGRAM | TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | FIRE <input type="checkbox"/> Y <input checked="" 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 | INSURANCE CO. ALLSTATE INSURANCE COMPANY | EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| STREET ADDRESS [REDACTED] | SEX M | SAFT 2 | AIR 4 | 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. [REDACTED] | STATE IL | YEAR 2022 | POINT OF FIRST CONTACT 12 | POLICY NO. [REDACTED] | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 |
| CITY [REDACTED] | STATE IL | ZIP [REDACTED] | INJ 0 | EJECT 1 | EPH 0 | INSURANCE CO. USAA CASUALTY INSURANCE COMP | EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | |
| TELEPHONE [REDACTED] | DRIVER LICENSE NO. [REDACTED] | STATE IL | CLASS D | CDL ID 0 | VIN [REDACTED] | INSURANCE CO. USAA CASUALTY INSURANCE COMP | EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | |
| EMS AGENCY [REDACTED] | PEDV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | PPA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | PPL <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | VEHICLE OWNER (LAST, FIRST M.I.) [REDACTED] | POLICY NO. [REDACTED] | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | | | |
| TAKEN TO [REDACTED] | INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] | TELEPHONE [REDACTED] | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | | | | | |

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| <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 | DATE OF BIRTH 04/08/1981 | MAKE JEEP (AFTER 1 | MODEL CHEROKEE | YEAR 2019 | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL AREAS) 15 - OTHER 99 - UNKNOWN | FRONT VIEW DIAGRAM | TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | FIRE <input type="checkbox"/> Y <input checked="" 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 | INSURANCE CO. USAA CASUALTY INSURANCE COMP | EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| STREET ADDRESS [REDACTED] | SEX F | SAFT 2 | AIR 4 | 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. [REDACTED] | STATE IL | YEAR 2022 | POINT OF FIRST CONTACT 6 | POLICY NO. [REDACTED] | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 |
| CITY [REDACTED] | STATE IL | ZIP [REDACTED] | INJ B | EJECT 1 | EPH 0 | INSURANCE CO. USAA CASUALTY INSURANCE COMP | EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | |
| TELEPHONE [REDACTED] | DRIVER LICENSE NO. [REDACTED] | STATE IL | CLASS D | CDL ID 0 | VIN [REDACTED] | INSURANCE CO. USAA CASUALTY INSURANCE COMP | EXPIRED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | |
| EMS AGENCY REFUSED | PEDV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | PPA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | PPL <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | VEHICLE OWNER (LAST, FIRST M.I.) [REDACTED] | POLICY NO. [REDACTED] | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | | | |
| TAKEN TO REFUSED | INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] | TELEPHONE [REDACTED] | VEHU 2 U 1 2 U 2 3 U 1 0 U 2 | | | | | | | | |

| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJECT) | (EPH) | PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) | (EMS) | (HOSPITAL) |
|--------|--------|------------|-------|--------|-------|-------|---------|-------|-----------------------------------------------------|-------|------------|
| 2 | 3 | [REDACTED] | M | 2 | 4 | 0 | 1 | | [REDACTED] | | |
| | | | | | | | | | | | |
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|-------|------|-------------------------------------|--------|-------|--------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| H-Z-C | EVNO | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY | POLICE NOTIFIED TIME 08/19/2022 06:08 | TIME <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 |
| | 1 | <input checked="" type="checkbox"/> | 11 | 1 | PROPERTY OWNER ADDRESS CITY STATE ZIP | PRIMARY CAUSE 3 | SECONDARY CAUSE 2 | EMS NOTIFIED TIME 08/19/2022 06:00 | 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"/> | | | <input checked="" type="checkbox"/> CITATION ISSUED <input type="checkbox"/> PENDING | SECTION 11-601(A) | CITATION NO. 1277800528 | EMS ARRIVED TIME 08/19/2022 06:10 | <input type="checkbox"/> WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| H-Z-C | 1 | <input checked="" type="checkbox"/> | 11 | 1 | ARREST NAME [REDACTED] | SECTION 11-601(A) | CITATION NO. 1277800528 | ROAD CLEARANCE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| | 2 | <input type="checkbox"/> | 1 | 3 | ARREST NAME [REDACTED] | SECTION | CITATION NO. | | |
| | 3 | <input type="checkbox"/> | | | OFFICER ID. 7106 | OFFICER NAME R FREITAG | BEAT/DIST. 09 | SUPERVISOR ID. A FRENCH, 6136 | COURT DATE TIME 09/28/22 01:30 |

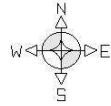
Printed by authority of the State of Illinois

UNIT 1

UNIT 2

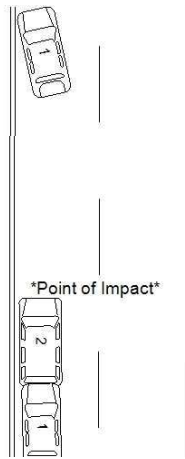
IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

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



Business 55

Riverside Park



Not to Scale

NARRATIVE (Refer to vehicle by Unit No.)

Units 1 and 2 were traveling northbound on Business 55 near Riverside Park. Unit 2 stopped in the left lane of travel, to allow a vehicle turning left to cross the southbound lanes and enter Riverside Park. Unit 1 struck the back of Unit 2 while Unit 2 was stopped. The driver of Unit 2 reported minor injuries to her shoulder on scene, but refused medical attention at the time of the crash. No other injuries were reported. Both vehicles were towed by the owners request.

LOCAL USE ONLY

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. _____

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 _____

| | | | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|----------------------------------------------------------|
| U 1 Color GREEN, LIGHT | U 2 Color RED | | |
| U 1 Towed due to: <input checked="" type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage | <input type="checkbox"/> NOT Disabling Damage | Damage Extent: 3 | Towed by / to Shaner's Towing (Springfield) / Sha |
| U 2 Towed due to: <input checked="" type="checkbox"/> Disabling Damage <input type="checkbox"/> NOT Disabling Damage | <input type="checkbox"/> NOT Disabling Damage | Damage Extent: 3 | Towed by / to Northside Towing / Northside Towin |