## ILLINOIS TRAFFIC CRASH REPORT Sheet 1 of 1 Sheets





| DRAC                                                                                                                                                                                                                                                   | 1   1   5                           |                                   | 11                             |                           |                | IY003                          | 111111       | * X002570376                          |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|--------------------------------|---------------------------|----------------|--------------------------------|--------------|---------------------------------------|--------------|
| U1                                                                                                                                                                                                                                                     | U2 \$500 OR LESS                    | U1 U2                             |                                | ✓ A No Injury / Dri       | ve Away        |                                | YR           | AGENCY CRASH REPORT NO.               | TRFW         |
| Waukegan Police Department ONE PERSON'S VEHICLE / PROPERTY                                                                                                                                                                                             | ✓ \$501 - \$1,500<br>☐ OVER \$1,500 | ON SCENE NOT ON SCENE (DE AMENDED | SK REPORT)                     | B Injury and / or         | -              | rash                           | 22           | 22 44427                              | 3            |
| ADDRESS NO. HIGHWAY OR STREET NAME                                                                                                                                                                                                                     | □ 0v2.k ψ1,500                      | ☑ AWENSES                         | Township                       | INTERSECTION              |                | DATE OF CRASH                  | TIME         | 22-11136<br>SECONDARY CRASH           | 15           |
| WAUKEGAN RD                                                                                                                                                                                                                                            |                                     | WAUKEGAN                          |                                | RELATED Y                 | 3/             |                                | 10:57        | AM YES NO                             | U1 13        |
| (CIRCLE) (CIRCLE)                                                                                                                                                                                                                                      |                                     | COUNTY                            |                                | PRIVATE PROPERTY Y        | <b>☑</b> N     | DOORING _                      | # OF MOTOR   | SLOW                                  | 1            |
| ☑ 50                                                                                                                                                                                                                                                   |                                     | LAKE                              |                                | HIT & RUN ☐ Y             |                | WITH PEDALCYCLIST?             | 1            | IVLD ☐ STOPPED ☐ FREE FLOW            | # LNS        |
| ☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD DEVICE PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DO                                                                                                                                 | <del></del>                         | MAKE                              | MODEL                          | THI WHON                  | YEAR           | CIRCLE NUMBER(S)               | FRO          | NT V N                                | 6            |
| BUENO, JENY Z                                                                                                                                                                                                                                          | 1/20/2005<br>mo / day / yr          | DODGE                             | NITRO                          | )                         | 2007           | FOR DAMAGED AREA               | A(S) 11 12   |                                       | 101          |
| NAME (LAST, FIRST, M) STREET ADDRESS                                                                                                                                                                                                                   | SEX SAFT AIR                        |                                   | LEVEL                          | LEVEL                     |                | 13 - UNDER CARRIAG             | SE 10 TO     | FIRE D                                | 1            |
| 1133 PARK AVE                                                                                                                                                                                                                                          | F 2 4                               | SYSTEM  ☐ Y ☑ NO ☐ U              | JNK NEH.                       | 0 ENGAGE<br>AT CRAS       |                | 15 - OTHER<br>99 - UNKNOWN     | 9 16         | 3 DISTRACTED □ ☑  * Distraction Value | ALIGN        |
| CITY STATE ZIP                                                                                                                                                                                                                                         | INJ EJCT EPT                        | 1                                 | STATE                          | '                         | YEAR           | POINT OF                       | 2 7 6        | COM VEH                               | U1 I         |
| NORTH CHICAGO IL 60064  PHONE NUMBER DRIVER LICENSE NO.                                                                                                                                                                                                | 0 1 0                               |                                   | IL                             | INSURANCE O               | 2023           | FIRST CONTACT                  | REA          | * IF YES SEE SIDEBAR EXPIRED          | 1            |
| (224) 413-1175 B500-4390-5620                                                                                                                                                                                                                          | STATE CLASS CDL                     | 1D8GU28K97W652                    | 2192                           | American A                |                |                                |              | ☐ Y ☑ N                               |              |
| EMS AGENCY Refused                                                                                                                                                                                                                                     | PEDV PPA PPL                        | VEHICLE OWNER (LAST, PORCAYO, MAR |                                |                           |                |                                | POLICY N     | NO.<br>1001524221                     | RSUR 1       |
| HOSPITAL (TAKEN TO)                                                                                                                                                                                                                                    | INCIDENT IF "Y<br>RESPONDER         | OWNER STREET, CITY, S             | STATE, ZIP                     |                           |                |                                | PHONE N      |                                       | VEHU         |
| Refused<br>  ☑  DRIVER   PARKED   DRIVERLESS   PED   PEDAL   EQUES   NMV   NCV   DV                                                                                                                                                                    | □ Y □ N                             | 1133 PARK AVE NO                  | MODEL                          | GO, IL 60064              | YEAR           | CIRCLE NUMBER(S)               | FROI         | NT TOWER Y N                          | <b>−</b> 2   |
| SALDIVAR, SULEMA Y                                                                                                                                                                                                                                     | 8/26/1996                           | MAZDA                             | 3                              |                           | 2008           | FOR DAMAGED AREA               | AT           | TIOWED                                | 101          |
| NAME (LAST, FIRST, M) STREET ADDRESS                                                                                                                                                                                                                   | mo / day / yr                       |                                   | LEVEL                          | LEVEL                     |                | 13 - UNDER CARRIAG             | SE 10 TOI    | P 2 FIRE D                            | Lua          |
| 919 14TH ST                                                                                                                                                                                                                                            | F 2 4                               | SVSTEM                            | IN                             | 0 ENGAGE<br>AT CRAS       | D 0            | 14 - TOTAL (ALL)<br>15 - OTHER | 9 16         | 3 DISTRACTED □ ☑  * Distraction Value | SPDR         |
| CITY STATE ZIP                                                                                                                                                                                                                                         | INJ EJCT EPT                        | H PLATE NO.                       | STATE                          |                           | YEAR           | 99 - UNKNOWN<br>POINT OF       | <u>م</u> ۽ و |                                       | U1 <b>()</b> |
| NORTH CHICAGO IL 60064                                                                                                                                                                                                                                 | 0 1 0                               |                                   | IL                             |                           | 2023           | FIRST CONTACT                  | O 7 REA      | * IF YES SEE SIDEBAR                  | 0            |
| PHONE NUMBER DRIVER LICENSE NO. \$431-7999-6843                                                                                                                                                                                                        | STATE CLASS CDL                     | JM1BK34L1818188                   | 370                            | INSURANCE O<br>State Farm |                |                                |              | EXPIRED Y M                           | U2           |
| EMS AGENCY Refused                                                                                                                                                                                                                                     | PEDV PPA PPL                        | BOTELLO-LAND                      |                                | LIANIA                    |                |                                | POLICY N     | vo.<br>I 16B2813001                   | RDEF 1       |
| HOSPITAL (TAKEN TO)                                                                                                                                                                                                                                    | INCIDENT IF "Y                      |                                   | •                              |                           |                |                                | PHONE N      |                                       | BAC          |
| Refused                                                                                                                                                                                                                                                | □ Y □ N                             | 919 14TH ST NORT                  |                                | ·                         |                |                                |              | 430-0198                              | 996          |
| (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPTH) PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS)  2 3 5/31/1994 M 2 4 O 1 0 BOTELLO-LANDA, JONATHAN A, 919 14TH ST NORTH CHICAGO, IL 60064 / (224) 430-0198 Refused Refused |                                     |                                   |                                |                           |                | ` ,                            | U1           |                                       |              |
| 2 3 5/31/1994 M 2 4 O 1 0 BOTELLO-LANI                                                                                                                                                                                                                 | DA, JUNATHAN A,                     | 919 141H SI NORTH                 | CHICAGO, IL                    | _ 60064 / (224) 4         | 30-0198        | Refused                        |              | Refused                               | 996          |
|                                                                                                                                                                                                                                                        |                                     |                                   |                                |                           |                |                                |              |                                       | # OCCS       |
|                                                                                                                                                                                                                                                        |                                     |                                   |                                |                           |                |                                |              |                                       | <b>1</b>     |
|                                                                                                                                                                                                                                                        |                                     |                                   |                                |                           |                |                                |              |                                       | 2            |
| (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME                                                                                                                                                                                                 |                                     | DAMA                              | AGED PROPERT                   | Υ                         |                | POLICE NOTIFIED                | TIME D       | AM Did crash occur Y                  | <b>_</b>     |
| 1   🗹   11   1                                                                                                                                                                                                                                         |                                     |                                   |                                |                           |                | 3/17/2022                      | 10:35        |                                       | DIRP         |
| PROPERTY OWNERS ADDRESS: STREET, CITY, STATE                                                                                                                                                                                                           | ·                                   | PRIM                              |                                | ECONDARY<br>10            | EMS NOTIFIED   | TIME                           |              | U1 <b>3</b>                           |              |
| 2                                                                                                                                                                                                                                                      | SECTION                             |                                   | CITATION NO.                   | 18                        | EMS ARRIVED    | TIME -                         | Construction | 5                                     |              |
| BUENO, JENY Z                                                                                                                                                                                                                                          | 6-101 W898603                       |                                   |                                |                           |                | PM Wainternance                | U2<br>SLMT   |                                       |              |
| 1 1 1 CITATIONS ISSUED PENDING                                                                                                                                                                                                                         | SECTION                             |                                   |                                |                           | ROAD CLEARANCE |                                |              | 45                                    |              |
| ADDEST NAME                                                                                                                                                                                                                                            | ARREST NAME                         |                                   |                                | 11-601A W898604           |                |                                |              |                                       | U1           |
| ARREST INVINE OFFICER ID. SIGNATURE 757 John Szostak                                                                                                                                                                                                   |                                     | BEAT / DIST.                      | SUPERVISOR ID.  John Fong, 649 |                           |                | COURT DATE<br>4/18/2022        | 1:30 V       | AM Workers present? ☐ Y               | 45           |

## X002570376 LARGE TRUCK, BUS, OR HM VEHICLE A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival. 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 Diagram Drawn Not To Scale truck/trailer combination): or (R 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 4. Is used or designed 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 Casmir Pulaski Dr. requires placarding (example: placards will be displayed on the vehicle). UNIT \_\_\_\_ CARRIER NAME \_\_\_\_\_ ADDRESS CITY/STATE/ZIP NARRATIVE (refer to vehicle by unit #) MOTOR CARR. ID ☐ Interstate ☐ Intrastate The driver of unit 1 had no verbal comment on the collision ☐ Not In Comm./Govt. ☐ Not In Comm./Other ILLCC NO. \_\_ USDOT NO. Source of above I observed front end damage on unit 1. ☐ Side of Truck Papers Driver Log Book GVWR/GCWR □ <10.000 T 10.000 - 26.000 □ >26.000 Were HAZMAT placards on vehicle? ☐ Yes □ No The driver of unit 2 stated they were at the red light to wait for the green light for If yes, name on placard \_\_\_\_ 4 digit UN NO. 1 digit Hazard Class NO. Southbound Waukegan Rd so they could make a left turn onto McGaw/Pulaski. The driver Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own of unit 2 stated after the light turned green she was struck from behind by unit 1. ☐ Yes ☐ No ☐ Unknown Did HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown Did Motor Carrier Safety Regulations (MCS) violation contribute to I observed damage to the rear of unit 2. ☐ Yes ☐ No ☐ Unknown the crash? Was a Driver/Vehicle Examination Report form completed? HAZMAT ☐ Yes ☐ No ☐ Unknown Out of Service ☐ Yes ☐ No ☐ Yes ☐ No ☐ Unknown Out of Service ☐ Yes ☐ No Form Number \_ IDOT PERMIT NO. \_\_\_\_\_ WIDELOAD? Y TRAILER VIN 1 TRAILER VIN 2 LOCAL USE ONLY TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102" N 42.3382 TRAILER 1 U1 Race: 4 U2 Race: 4 W -87.8949 TRAILER 2 □ TRAILER LENGTH(S) 1 2 \_\_\_\_\_ Beige U1 COLOR U2 COLOR Red U1 Drug 1 **000** U1 Drug 2 000 U2 Drug 1 **000** U2 Drug 2 000 TOTAL VEHICLE LENGTH ft NO. OF AXLES ☐ DISABLING DAMAGE ✓ NOT DISABLING DAMAGE DAMAGE EXTENT: 1 U1 TOWED BY / TO: SELECT CODES FROM BACK OF CRASH BOOKLET U2 TOWED BY / TO: ☐ DISABLING DAMAGE ☑ NOT DISABLING DAMAGE DAMAGE EXTENT: 1 VEHICLE CONFIG. CARGO BODY TYPE LOAD TYPE