

Sheet 1 of 1 Sheets

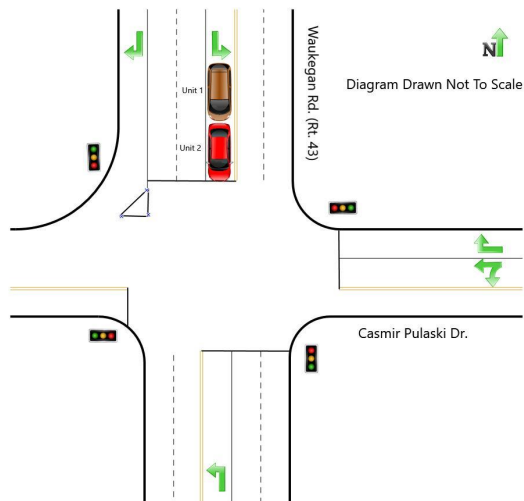


* X002570376 *

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME			DAMAGED PROPERTY			POLICE NOTIFIED	TIME	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 DIRP <div>5</div> U1	
	1	<input checked="" type="checkbox"/>	11	1							3/17/2022	10:35	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP			PRIMARY		SECONDARY	EMS NOTIFIED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM			If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type
	3	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING BUENO, JENY Z ARREST NAME			SECTION		CITATION NO.	EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM			
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING BUENO, JENY Z ARREST NAME			SECTION		CITATION NO.	ROAD CLEARANCE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	U2 SLMT <div>45</div> U1		
	2	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING BUENO, JENY Z ARREST NAME			SECTION		CITATION NO.		TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM			
	3	<input type="checkbox"/>			OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID.		COURT DATE	TIME	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U2 <div>45</div>	
				757	John Szostak	9	John Fong, 649		4/18/2022	1:30						

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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 #)**

The driver of unit 1 had no verbal comment on the collision

I observed front end damage on unit 1.

The driver of unit 2 stated they were at the red light to wait for the green light for
Southbound Waukegan Rd so they could make a left turn onto McGaw/Pulaski. The driver
of unit 2 stated after the light turned green she was struck from behind by unit 1.

I observed damage to the rear of unit 2.

LOCAL USE ONLY

N 42.3382
W -87.8949

U1 Race: 4

U2 Race: 4

U1 COLOR **Beige**U2 COLOR **Red**U1 Drug 1 **000**U1 Drug 2 **000**U2 Drug 1 **000**U2 Drug 2 **000**U1 TOWED DUE TO ☐ DISABLING DAMAGE ☒ NOT DISABLING DAMAGEDAMAGE EXTENT: **1**

U1 TOWED BY / TO :

U2 TOWED DUE TO ☐ DISABLING DAMAGE ☒ NOT DISABLING DAMAGEDAMAGE EXTENT: **1**

U2 TOWED BY / TO :

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 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 requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MOTOR CARR. ID ☐ Interstate ☐ Intrastate
☐ Not In Comm./Govt. ☐ Not In Comm./Other

USDOT NO. _____ ILLCC NO. _____

Source of above
☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book
GVWR/GCWR
☐ <10,000 ☐ 10,000 - 26,000 ☐ >26,000

Were HAZMAT placards on vehicle? ☐ Yes ☐ No

If yes, name on placard _____

4 digit UN NO. _____ 1 digit Hazard Class NO. _____

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? ☐ Yes ☐ No ☐ UnknownDid HAZMAT Regulations violation contribute to the crash?
☐ Yes ☐ No ☐ UnknownDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash?
☐ Yes ☐ No ☐ Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Yes ☐ No ☐ Unknown Out of Service ☐ Yes ☐ NoMCS ☐ Yes ☐ No ☐ Unknown Out of Service ☐ Yes ☐ No

Form Number _____

IDOT PERMIT NO. _____ WIDELOAD? ☐ 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 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____