

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003



* X002570376 *

DRAC	1	1	TRFD	3	TRFC	4	WEAT	1	DRVA	2	1	U1	1	U2	1	U1	1	U2	1	VEHD	1	U1	1	U2	5	LGHT	11	11	11	U1	11	U2
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INVESTIGATING AGENCY Waukegan Police Department		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		YR 22	AGENCY CRASH REPORT NO. 22-11136		TRFW 3		
ADDRESS NO.		HIGHWAY OR STREET NAME WAUKEGAN RD		<input checked="" type="checkbox"/> City WAUKEGAN		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 3/17/2022		TIME 10:32		SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VEHT 15
(CIRCLE) <input checked="" type="checkbox"/> 50		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH		COUNTY LAKE		PRIVATE PROPERTY <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		FLOW CONDITION <input checked="" type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW		U1 1

UNIT 1	<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 <input type="checkbox"/> DV		DATE OF BIRTH 1/20/2005		MAKE DODGE		MODEL NITRO		YEAR 2007		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U1 6
	NAME (LAST, FIRST, M) BUENO, JENY Z		SEX F		SAFT 2		AIR 4		AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL IN VEH. 0		LEVEL ENGAGED AT CRASH 0		U2 6
	STREET ADDRESS 1133 PARK AVE		CITY NORTH CHICAGO		STATE IL		ZIP 60064		INJ O		EJCT 1		EPH 0		ALIGN 1
	PHONE NUMBER (224) 413-1175		DRIVER LICENSE NO. B500-4390-5620		STATE IL		CLASS IP		CDL ID		VIN 1D8GU28K97W652192		INSURANCE CO. American Access		U1 1
	EMS AGENCY Refused		HOSPITAL (TAKEN TO) Refused		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"		VEHICLE OWNER (LAST, FIRST, M.I.) PORCAYO, MARIA G		POLICY NO. 12AU001524221		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U2 1

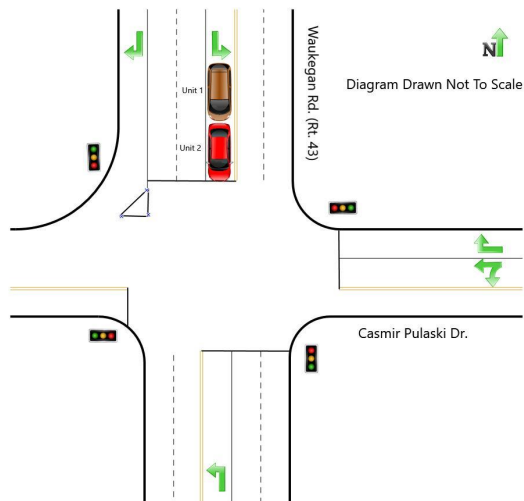
UNIT 2	<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV		DATE OF BIRTH 8/26/1996		MAKE MAZDA		MODEL 3		YEAR 2008		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U1 2
	NAME (LAST, FIRST, M) SALDIVAR, SULEMA Y		SEX F		SAFT 2		AIR 4		AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		LEVEL IN VEH. 0		LEVEL ENGAGED AT CRASH 0		U2 2
	STREET ADDRESS 919 14TH ST		CITY NORTH CHICAGO		STATE IL		ZIP 60064		INJ O		EJCT 1		EPH 0		SPDR 0
	PHONE NUMBER (224) 419-9540		DRIVER LICENSE NO. S431-7999-6843		STATE IL		CLASS D		CDL ID		VIN JM1BK34L181818870		INSURANCE CO. State Farm		U1 0
	EMS AGENCY Refused		HOSPITAL (TAKEN TO) Refused		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"		VEHICLE OWNER (LAST, FIRST, M.I.) BOTELLO-LANDA, JONATHAN A		POLICY NO. J743116B2813001		EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U2 0

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPH)	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	996	
													U2 996
													U1 1
													U1 2

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		POLICE NOTIFIED 3/17/2022	TIME 10:35	<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 5
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP		PRIMARY 28	SECONDARY 18	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	U1 5	
	2	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING BUENO, JENY Z ARREST NAME		SECTION 6-101		CITATION NO. W898603	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 45
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 11-601A		CITATION NO. W898604	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U1 45
	2	<input type="checkbox"/>			OFFICER ID. 757		SIGNATURE John Szostak		BEAT / DIST. 9	SUPERVISOR ID. John Fong, 649	COURT DATE 4/18/2022	TIME 1:30	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X002570376

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 _____