From: Ambrose, Ann-Marie L
To: EVOQ (NHTSA); Robertson, Faithia (NHTSA); Lewis, Brenton
Cc: NHTSA ODI CED; Strasser-King, Marion C
Subject: ODI-11521142
Date: Monday, October 30, 2023 5:45:44 PM
Attachments: [redacted]

From: [redacted]
Sent: Friday, October 27, 2023 7:58 PM
To: nhtsa.webmaster@dot.gov
Subject: Reference Number [redacted]

[External Email]

CAUTION: This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hello,

Please update my information,
Address
[redacted]
Mundelein IL, [redacted]

Email
[redacted]

New information has been uncovered, please update.
On March 22, 2021, my passenger and I were rear-ended in my new 2021 Toyota Corolla Hatchback. I hit the steering wheel and she hit the dashboard. My injuries included eye convergence insufficiency, brain damage, broken nose, spondylolisthesis, and torn neck ligaments. My passenger injuries consisted of eye convergence insufficiency, permanently dilated pupils, and concussion.

I have attached, the police report, ambulance report, and vehicle inspector complaint to add to my complaint.

Thanks.

[redacted]

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 5 Sheets

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEH#	LGHT	COLL	MANV
U1 1 U2 1	3	4	1	U1 11 U2 1	U1 1 U2 1	U1 1 U2 1	4	11	U1 1 U2 1

INVESTIGATING AGENCY: Vernon Hills

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away

☑ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: [redacted] YR [redacted]

TRFW 3

ADDRESS NO.

HIGHWAY or STREET NAME: [redacted]

☐ .....FT / MI N E S W ☑ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

☑ CITY ☐ TOWNSHIP: Vernon Hills

COUNTY: LAKE

INTERSECTION RELATED ☐ Y ☐ N

PRIVATE PROPERTY ☐ Y ☐ N

HIT & RUN ☐ Y ☐ N

DATE OF CRASH: 3 mo / 22 day / 21 yr

TIME: 812 ☐ AM ☑ PM

SECONDARY CRASH ☐ YES ☑ NO

FLOW CONDITION ☐ SLOW ☑ STOPPED ☐ FREE FLOW

DOORING WITH PEDALCYCLIST ☐ Y ☑ N

OF MOTOR VEHICLES INVLD: 2

VEHT U1 1 U2 1

LNS U1 4 U2 4

ALGN U1 2 U2 2

RSUR U1 1 U2 1

VEHU U1 2 U2 2

SPDR U1 0 U2 0

RDEF U1 1 U2 1

BAC U1 996 U2 996

OCCS U1 1 U2 2

DIRP U1 5 U2 5

SLMT U1 40 U2 40

UNIT 1

☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M): [redacted]

DATE OF BIRTH: [redacted]

MAKE: Chev MODEL: Mal YEAR: 18

STREET ADDRESS: [redacted]

SEX: [redacted] SAFT: 2 AIR: 4

AUTOMATION SYSTEM ☐ Y ☑ N ☐ UNK LEVEL IN VEH. LEVEL ENGAGED AT CRASH

CITY: Round Lake Heights STATE: IL ZIP: [redacted]

INJ: 0 EJCT: 1 EPTH: 0

PLATE NO. [redacted] STATE YEAR

DRIVER'S LICENSE NO. [redacted] STATE: IL CLASS: D CDL ID

VIN: 1G1ZD5ST 8JF [redacted]

INSURANCE CO.: STATE FARM EXPIRED ☐ Y ☑ N

EMS AGENCY: CFD PEDV PPA PPL

VEHICLE OWNER (LAST, FIRST, M): [redacted]

HOSPITAL (TAKEN TO): — INCIDENT RESPONDER ☐ Y ☑ N IF 'Y'

OWNER STREET, CITY, STATE, ZIP: [redacted] PHONE NUMBER: [redacted]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 13 - UNDER CARRIAGE; 14 - TOTAL (ALL); 15 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 12

TOWED DUE TO CRASH ☐ Y ☐ N

FIRE ☐ Y ☐ N

DISTRACTED ☐ Y ☐ N

* Distraction Value

COM VEH ☐ Y ☐ N

* If Yes, See Sidebar

UNIT 2

☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M): [redacted]

DATE OF BIRTH: [redacted] mo day yr

MAKE: Toyota MODEL: Corolla YEAR: 21

STREET ADDRESS: [redacted]

SEX: [redacted] SAFT: 2 AIR: 4

AUTOMATION SYSTEM ☐ Y ☑ N ☐ UNK LEVEL IN VEH. LEVEL ENGAGED AT CRASH

CITY: Buffalo Grove STATE: IL ZIP: [redacted]

INJ: C EJCT: 1 EPTH: 0

TELEPHONE: [redacted] [redacted]

STATE: IL CLASS: D CDL ID

VIN: 5TDD4MRBEGM3 [redacted]

INSURANCE CO.: STATE FARM EXPIRED ☐ Y ☑ N

EMS AGENCY: CFD PEDV PPA PPL

VEHICLE OWNER (LAST, FIRST, M): S.A.D

POLICY NUMBER: [redacted]

HOSPITAL (TAKEN TO): Condell INCIDENT RESPONDER ☐ Y ☑ N IF 'Y'

OWNER STREET, CITY, STATE, ZIP: S.A.D PHONE NUMBER:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 13 - UNDER CARRIAGE; 14 - TOTAL (ALL); 15 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 12

TOWED DUE TO CRASH ☐ Y ☐ N

FIRE ☐ Y ☐ N

DISTRACTED ☐ Y ☐ N

* Distraction Value

COM VEH ☐ Y ☐ N

* If Yes, See Sidebar

PASSENGERS & WITNESS ONLY

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	(NAME) / (ADDRESS) / (TELEPHONE)	(EMS)	(HOSPITAL)
2	3	[redacted]		2	4	0	1	0	[redacted]		
		/ /									
		/ /									
		/ /									

CRASH REPORTED TO POLICE

EV	MOST	EVNT	LOC
1	☑	11	1
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP

PRIMARY CAUSE: SECONDARY CAUSE:

POLICE NOTIFIED: 3,22,21 TIME: 8:12 ☐ AM ☑ PM

EMS NOTIFIED: 3,22,21 TIME: 8:12 ☐ AM ☑ PM

EMS ARRIVED: 3,22,21 TIME: 8:15 ☐ AM ☑ PM

ROAD CLEARANCE: 3,22,21 TIME: 8:41 ☐ AM ☑ PM

COURT DATE: 5,13,21 TIME: 1:30 ☐ AM ☑ PM

Did crash occur in a Work Zone? ☐ Y ☑ N

If YES check one below:

☐ Construction

☐ Maintenance

☐ Utility

☐ Unknown work zone type

Workers present? ☐ Y ☑ N

UNIT 1

EV	MOST	EVNT	LOC
1	☑	11	1
2	☐		
3	☐		

☑ CITATIONS ISSUED ☐ PENDING

ARREST NAME: [redacted]

SECTION: 11-601(a) CITATION NO.: [redacted]

OFFICER ID: 83 SIGNATURE:

BEAT / DIST.: EAST SUPERVISOR ID.: VC207

UNIT 2

EV	MOST	EVNT	LOC
1	☑	11	1
2	☐		
3	☐		

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME:

SECTION: CITATION NO.:

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

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

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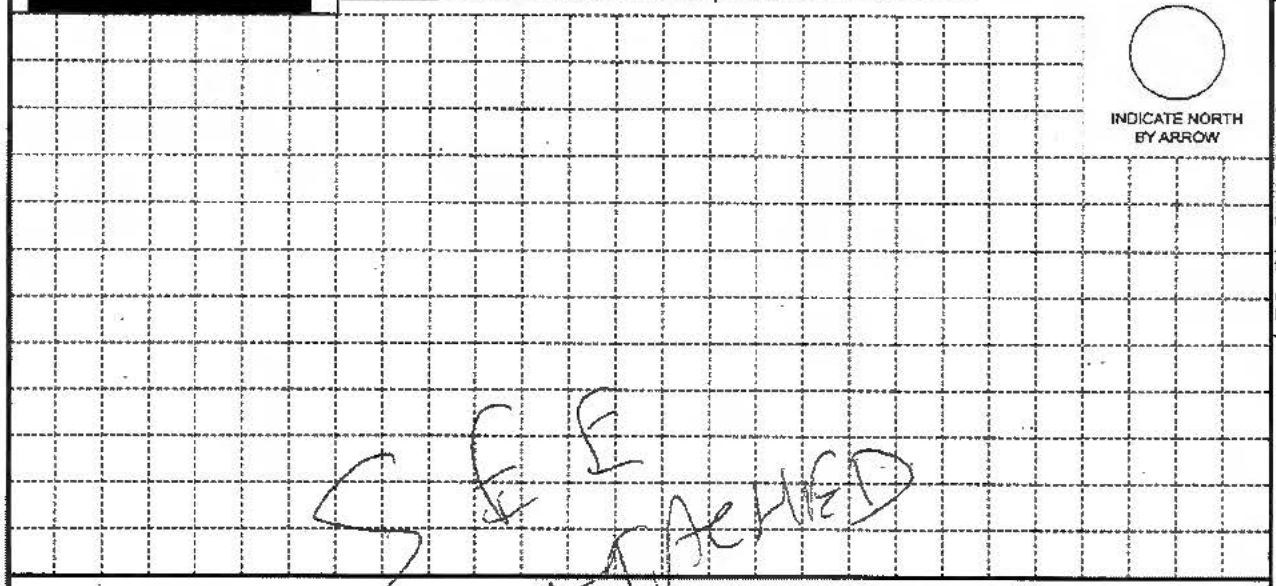
SR 1050 (JAN. 2019)

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



NARRATIVE (refer to vehicle by unit #)

LOCAL USE ONLY

U_1 COLOR blk	U_2 COLOR wht		
U_1 TOWED DUE TO ☐ DISABLING DAMAGE	☐ NOT DISABLING DAMAGE	DAMAGE EXTENT:	TOWED BY/TO: —
U_2 TOWED DUE TO ☐ DISABLING DAMAGE	☐ NOT DISABLING DAMAGE	DAMAGE EXTENT:	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 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 ☐ 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 ☐ Unknown

Did HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown

Did 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 ☐ No

MCS ☐ Yes ☐ No ☐ Unknown Out of Service ☐ Yes ☐ No

Form Number _____

IDOT PERMIT NO. _____ WIDELOAD? ☐ Yes ☐ No

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 _____

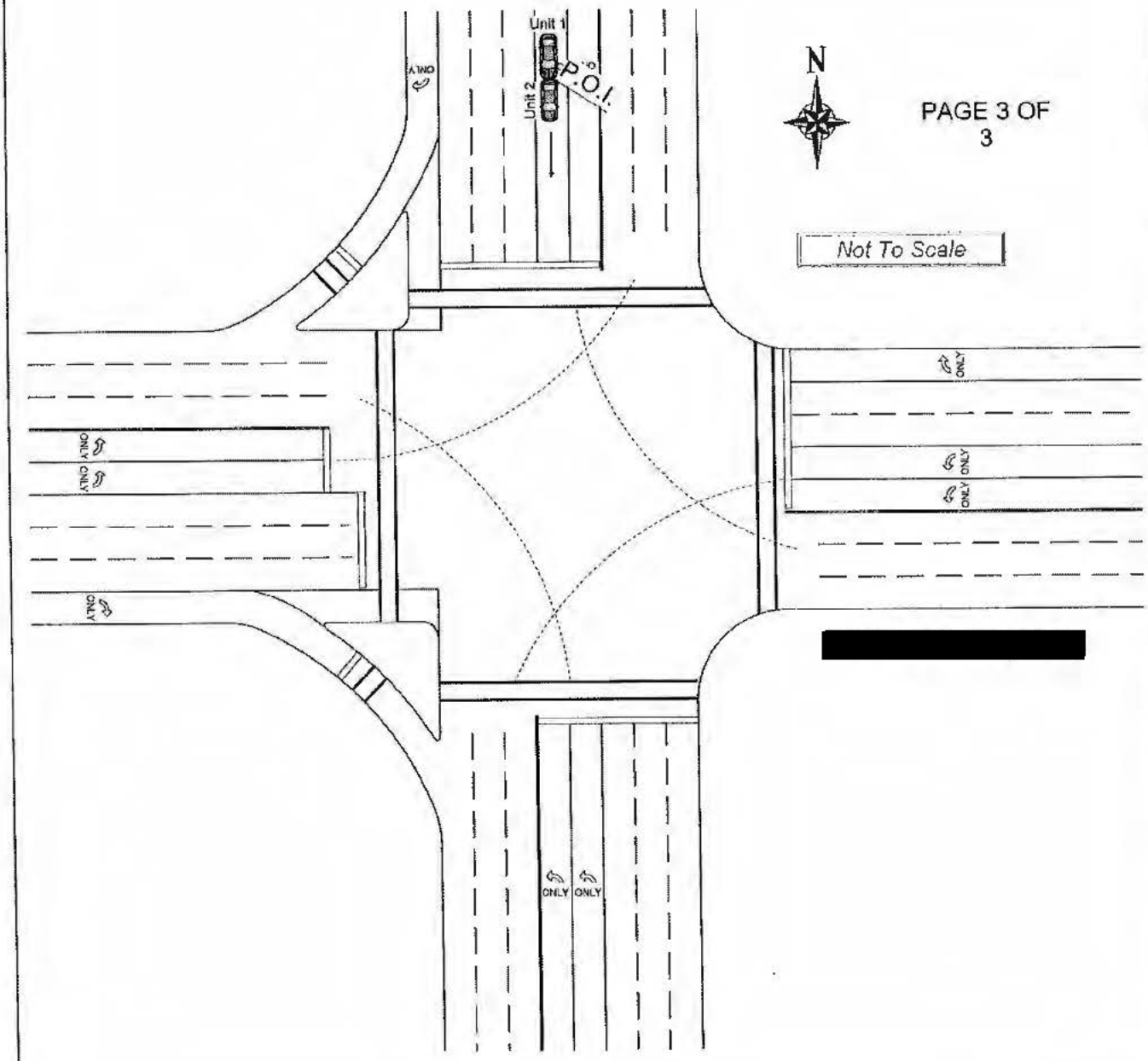
SELECT CODES FROM THE BACK OF CRASH BOOKLET

VEHICLE CONFIG. ____ CARGO BODY TYPE ____ LOAD TYPE ____

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS

VERNON HILLS POLICE	Case Numbe[redacted]	Date: 3/22/2021
	Location: [redacted]	
	Description:	

[redacted]



PAGE 3 OF 3

Not To Scale

[redacted]

VERNON HILLS POLICE	Case Number: [redacted]	Date: 3/22/2021
	Location: [redacted]	

Narrative:

Sheet 2 of 3

Unit 1 stated that he was traveling S/B on [redacted] slowing down to a red light at the intersection of [redacted]. Unit 1 advised that the light was red and that Unit 2 was stopped in the left turn awaiting the signal. Unit 1 stated that as he was coming to a stop he took his eyes off the road briefly and when he looked up he was not able to stop in time and bumped the rear of Unit 2. Unit 1 stated he was not going faster than 10mph.

Unit 2 stated that she was stopped at the red light on [redacted] Ave waiting to turn east onto [redacted] when the rear of her vehicle was struck by Unit 1. Unit 2 complained of neck and shoulder pain, and was transported by ambulance to Condell for an evaluation.

There was little damage to the rear of Unit 2, only a scuff on the bumper from Unit 1's front license plate was observed.

Unit 1 sustained no visible damage.

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.