

ILLINOIS TRAFFIC CRASH REPORT

DRAC 01 U1	PEDV 01 U2	TRFD 01	TRFC 01	WEAT 01	DRVA 16 U1	01 U2	VIS 01 U1	01 U2	VEHD 01 U1	01 U2	LGHT 01	COLL 11	MANV 01 U1	01 U2	PPA	PPL	
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INVESTIGATING AGENCY Will Co SO		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 checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. YR 2019		TRFW 02
ADDRESS NO.	HIGHWAY or STREET NAME CRETE TWP		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE OF CRASH mo day yr	TIME 07:50	LARS CODE		VEHT 01
(CIRCLE) <input type="checkbox"/> FT / MI N E S W		(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH		COUNTY WILL	PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DOORING WITH PEDALCYCLIST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVOLVED 3	LARS CODE		VEHT 05

NAME <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 (LAST, FIRST, MI)		DATE OF BIRTH mo day yr	MAKE TOYOTA	MODEL COROLLA	YEAR 2019	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 01	FRONT REAR 8 1 2 7 9 3 6 5 4	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		ALGN 03	
STREET ADDRESS		SEX M SAFT 2 AIR 06	PLATE NO.	STATE IL	YEAR 2019			FIRE <input type="checkbox"/> <input checked="" type="checkbox"/>		CELLPHONE <input type="checkbox"/> <input checked="" type="checkbox"/>	RSUR 01
CITY CRETE	STATE IL	ZIP	INJURY B	EJECT 1	VIN			EXCEED SPEED LIMIT <input type="checkbox"/> <input checked="" type="checkbox"/>		COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/>	VEHU 02
TELEPHONE	DRIVER LICENSE NO.	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST MI)				INSURANCE CO. NO PROOF OF INSURANCE		TELEPHONE	POLICY NO. NONE

NAME <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 (LAST, FIRST, MI)		DATE OF BIRTH mo day yr	MAKE IC	MODEL BUS	YEAR 2012	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 05	FRONT REAR 8 1 2 7 9 3 6 5 4	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		RDEF 01	
STREET ADDRESS		SEX M SAFT 2 AIR 03	PLATE NO.	STATE IL	YEAR 2019			FIRE <input type="checkbox"/> <input checked="" type="checkbox"/>		CELLPHONE <input type="checkbox"/> <input checked="" type="checkbox"/>	BAC 96
CITY CHICAGO HTS	STATE IL	ZIP	INJURY B	EJECT 1	VIN			EXCEED SPEED LIMIT <input type="checkbox"/> <input checked="" type="checkbox"/>		COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/>	U1 96
TELEPHONE	DRIVER LICENSE NO.	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST MI)				INSURANCE CO. NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBUR		TELEPHONE	POLICY NO.

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	3		M	2	05	B	1	, CRETE, IL	ST. MARGARET	CRETE FIRE
2	4		F	1	03	0	1	, CHICAGO HTS, IL		

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur In a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 28		
	2	<input type="checkbox"/>			ARREST NAME	SECTION 11-601-A	CITATION NO.		
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION 3-707	CITATION NO.	DATE POLICE NOTIFIED	TIME NOTIFIED <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	2	<input type="checkbox"/>			OFFICER ID. 1961	OFFICER NAME BAILEY, BRANDON	BEAT / DIST. E40	COURT DATE	COURT TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3	<input type="checkbox"/>					SUPERVISOR ID. 1754		Workers Present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

DIAGRAM

Moved upon arrival

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 advised he was traveling e/b on [REDACTED] he rear ended Unit 2, then went into the w/b lanes and struck Unit 3.

Unit 2 advised he was stopped on [REDACTED], as he was struck in the rear by Unit 1.

Unit 3 advised she was traveling w/b on [REDACTED] as Unit 1 struck Unit 2 then entered her w/b lane and struck the front of her vehicle.

Major damage to Units 1 and 3. Minor damage to unit 2.

Driver's of Units 1 and 3, along with the passenger of Unit 1 were transported to the hospital.

TMW arrived on scene to removed Units 1 and 3, as they were not driveable. Unit 2 was driven from the scene.

See WCSP report [REDACTED] for further info

LOCAL USE ONLY

Unit 1 Color: **Gray** Unit 2 Color: **Yellow**

Unit 1 Towed By/To: **TMW / TMW**

Unit 2 Towed By/To: **DROVE AWAY / DROVE AWAY**

COMMERCIAL MOTOR VEHICLE (CMV)

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 beyond 75 air miles from the driver's work reporting location (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 _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating _____

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 Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y No UNK

Was a Driver/Vehicle Examination Report from 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 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 _____

ILLINOIS TRAFFIC CRASH REPORT

DRAC 01 U3	PEDV	TRFD 01	TRFC 01	WEAT 01	DRVA 01 U3	VIS 01 U3	VEHD 01 U3	LGHT	COLL 11	MANV 01 U3	PPA	PPL
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INVESTIGATING AGENCY Will Co SO		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 checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		AGENCY CRASH REPORT NO. YR 2019		TRFW 02
ADDRESS NO.	HIGHWAY or STREET NAME CRETE TWP		<input type="checkbox"/> City <input checked="" type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE OF CRASH TIME 07:50	LARS CODE	VEHT 15 U3
(CIRCLE) FT / MI N E S W		(CIRCLE) COUNTY		PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HIT & RUN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DOORING WITH PEDALCYCLIST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVOLVED 3	LARS CODE
AT INTERSECTION WITH		SECTION OR ROAD FEATURE		VIN		POINT OF FIRST CONTACT 01	LARS CODE	

UNIT 3	NAME DRIVER <input checked="" 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		DATE OF BIRTH 6	MAKE JEEP (POST 1988)	MODEL GRAND CHEROKEE	YEAR 2018	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 01	FRONT REAR 8 1 2 7 9 3 6 5 4	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ALGN 03		
	(LAST, FIRST, MI)		SEX F SAFT 1 AIR 03	PLATE NO. IN	YEAR 2019	FIRE <input type="checkbox"/> <input checked="" type="checkbox"/>			CELLPHONE <input type="checkbox"/> <input checked="" type="checkbox"/>	EXCEED SPEED LIMIT <input type="checkbox"/> <input checked="" type="checkbox"/>	RSUR 01	
	STREET ADDRESS		INJURY B EJECT 1	VIN		INSURANCE CO. NO PROOF OF INSURANCE			TELEPHONE	POLICY NO. NO PROOF	VEHU 02 U3	
	STATE IN ZIP		OWNER ADDRESS (STREET, CITY, STATE, ZIP) St. Margaret CRETE	VEHICLE OWNER (LAST, FIRST M.I.) DYER, IN		TELEPHONE			POLICY NO.		RDEF 01	

UNIT 4	NAME DRIVER <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Ped <input type="checkbox"/> Pedal <input type="checkbox"/> EQUES <input checked="" type="checkbox"/> NCV		DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	FRONT REAR 8 1 2 7 9 3 6 5 4	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	RDEF 01		
	(LAST, FIRST, MI)		SEX SAFT AIR	PLATE NO.	STATE	YEAR			FIRE <input type="checkbox"/> <input type="checkbox"/>	CELLPHONE <input type="checkbox"/> <input type="checkbox"/>	EXCEED SPEED LIMIT <input type="checkbox"/> <input type="checkbox"/>	BAC <input checked="" type="checkbox"/> U3
	STREET ADDRESS		INJURY EJECT	VIN		INSURANCE CO.			TELEPHONE	POLICY NO.	# OCCS 1 U3	
	CITY STATE ZIP		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	VEHICLE OWNER (LAST, FIRST M.I.)		TELEPHONE			POLICY NO.			

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

UNIT 3 UNIT 4	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur In a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 28		
	2	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.	SECONDARY 99	If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	
	1	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.	DATE POLICE NOTIFIED		TIME NOTIFIED 07:50
	2	<input type="checkbox"/>			OFFICER NAME BAILEY, BRANDON	BEAT / DIST. E40	SUPERVISOR ID. 1754	COURT DATE	COURT TIME 01:00
3	<input type="checkbox"/>			1961				Workers Present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

DIAGRAM

COMMERCIAL MOTOR VEHICLE (CMV)

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ADDITIONAL UNITS FORMS.

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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 beyond 75 air miles from the driver's work reporting location (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 _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating _____

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 Motor Carrier Safety Regulations (MCS) violation contribute to
the crash? Y No UNK

Was a Driver/Vehicle Examination Report from 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 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 _____

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

Unit 3 Color: **Black**

Unit 3 Towed By/To:

TMW / TMW

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____