ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC U1	DRAC U2	PEDV	TRFD	TRFC	WEAT	DRVA U1	DRVA U2	VIS U1	VIS U2	VEHD U1	VEHD U2	LGHT	COLL	MANV U1	MANV U2	PPA	PPL
1	1	X	3	4	1	14	14	99	99	99	99	1	15	1	1	X	X

5994318

INVESTIGATING AGENCY	TYPE OF REPORT		AGENCY CRASH REPORT NO.
MELROSE PARK	☒ ON-SCENE ☐ NOT ON-SCENE ☐ AMENDED	☐ A No Injury / Drive Away ☒ B Injury and / or Tow Due To Crash	04 (YR) 8394

TRFW 3

ADDRESS NO. (OPTIONAL)	HIGHWAY or STREET NAME	CITY/TOWNSHIP (CIRCLE)	INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE
	MANNHEIM RD	MELROSE PARK	☒ Yes ☐ No	04/27/04 (mo day yr)	5:41 ☐ AM ☒ PM	

VEHT U1 16

(CIRCLE)	(CIRCLE)	COUNTY	PRIVATE PROPERTY	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500	NUMBER MOTOR VEHICLES INVLD	LARS CODE
☐ ____FT / MI N E S W ☒ AT INTERSECTION WITH	ARMITAGE (NAME OF INTERSECTION OR ROAD FEATURE)	COOK	☐ Yes ☒ No	☒ Yes ☐ No	2	

HIT & RUN ☐ Yes ☒ No

VEHT U2 16

NO. LANES 0

UNIT 1

NAME (LAST, FIRST, M.I.)	☒ DRIVER ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH (mo day yr)	MAKE	MODEL	YEAR
[redacted]		[redacted]	HME		2002

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	[redacted]	9	9	NONE		

CITY	STATE	ZIP	INJURY	EJECT	VIN
[redacted]			A	3	4KFT42812W219804

TELEPHONE	DRIVER LICENSE NO	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)
[redacted]	[redacted]	IL	B	VILLAGE OF STONE PARK

TAKEN TO	EMS AGENCY	OWNER ADDRESS (street, city, state, zip)	TELEPHONE	POLICY NO
LOYOLA HOSPITAL	FPFD	1629 N. MANNHEIM RD, IL 60165		[redacted]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 1

	Y	N
TOWED	☒	☐
FIRE	☒	☐
HAZMAT SPILL	☐*	☒
COM VEH	☐*	☒

*IF YES SEE BELOW

INSURANCE CO.: IL. MUNICIPAL League

VEHU U1 5

UNIT 2

NAME (LAST, FIRST, M.I.)	☒ DRIVER ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV	DATE OF BIRTH (mo day yr)	MAKE	MODEL	YEAR
[redacted]		06/03/68	SPARTAN	PUMPER	99

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	[redacted]	9	9	NONE		

CITY	STATE	ZIP	INJURY	EJECT	VIN
[redacted]			B	1	4S7CT9497XC032081

TELEPHONE	DRIVER LICENSE NO	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)
[redacted]	[redacted]	IL	B	VILLAGE OF NORTHLAKE

TAKEN TO	EMS AGENCY	OWNER ADDRESS (street, city, state, zip)	TELEPHONE	POLICY NO
WESTLAKE HOSPITAL	LEYDEN TWNS	118 PARKVIEW, NORTHLAKE		[redacted]

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN; POINT OF FIRST CONTACT: 3

	Y	N
TOWED	☒	☐
FIRE	☐	☒
HAZMAT SPILL	☐*	☒
COM VEH	☐*	☒

*IF YES SEE BELOW

INSURANCE CO.: ALICE ALTERNATIVE INS

VEHU U2 5

NO. OCCS U1 3

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	6	[redacted]		9	9	B	1	[redacted]	[redacted]	[redacted]
1	3			9	9	K	2			
2	6			9	9	B	1			
2	3			9	9	B	1			
		/ /								

NO. OCCS U2 3

RSUR 1

RDEF 1

BAC U1 96

BAC U2 96

DIRP U1 1

DIRP U2 3

ALGN 1

RSUR 1

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY
N/A	

PROPERTY OWNER ADDRESS | CITY | STATE | ZIP

ARREST NAME	SECTION	CITATION NO.
N/A		

ARREST NAME	SECTION	CITATION NO.

OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID
85		4	

CONTRIBUTORY CAUSE(S)

PRIMARY 14

SECONDARY 28

P1201

DATE POLICE NOTIFIED (mo day yr)	TIME NOTIFIED	COURT DATE (mo day yr)	COURT TIME
4 27 04	17:00 ☐ AM ☒ PM	/ /	: ☐ AM ☐ PM

*IF YES TO HAZMAT SPILL OR COM VEH ABOVE, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

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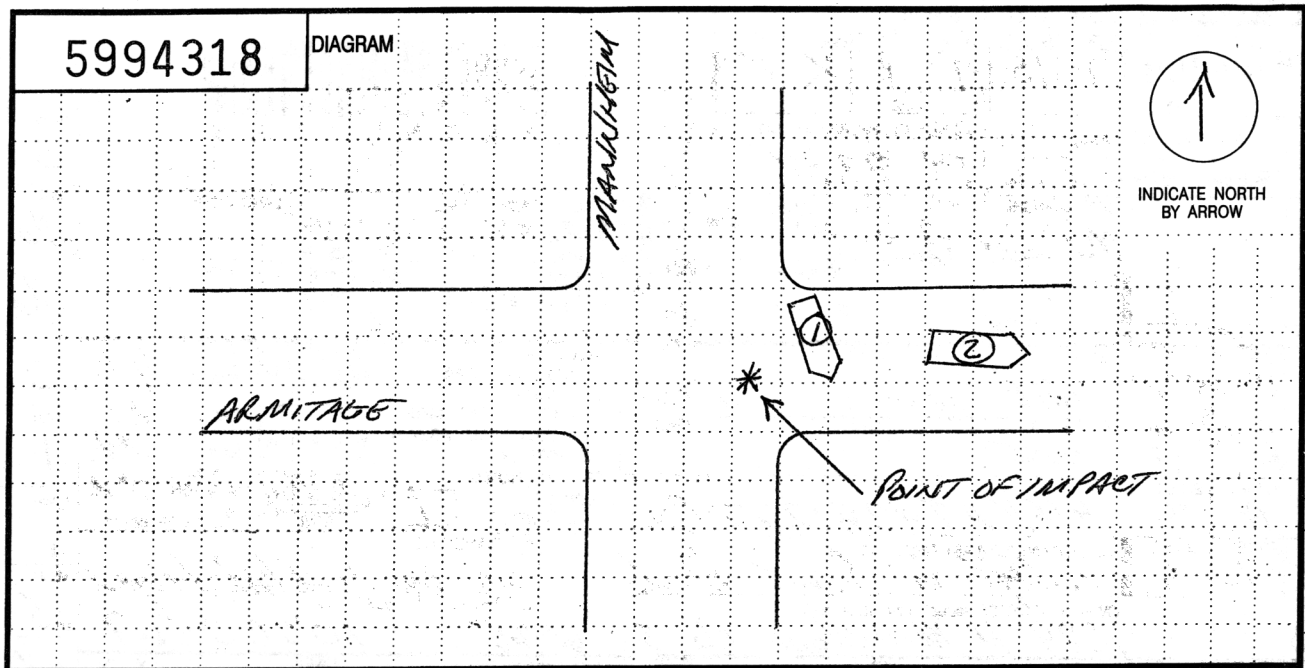
SR 1050 600M (REV. 12/01) IL 494-0736

5994318

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No.)

UNIT ONE TRAVELING N/B ON MANNHEIM AT ARMITAGE.

UNIT TWO TRAVELING E/B ON ARMITAGE AT MANNHEIM.

UNIT ONE COLLIDES INTO UNIT TWO WITHIN THE INTERSECTION.

DIAGRAM ABOVE REFLECTS VEHICLES AT FINAL REST LOCATIONS.

(2)

LOCAL USE ONLY

U1 Color RED | U2 Color RED

U1 Towed by / to KELLEYS / ONAHE TOW COMPANY

U2 Towed by / to KELLEYS / ONAHE TOW COMPANY

COMMERCIAL VEHICLE — UNIT NO. ____

CARRIER NAME

ADDRESS

CITY STATE ZIP

SOURCE: ☐ Side of truck ☐ Papers ☐ Driver ☐ Log book

ID NUMBER | GVWR

US DOT ____ or State No. ____ | ICCMC ____ State Name ____ ☐ None

HAZARDOUS MATERIALS: PLACARDED? ☐ Yes ☐ No

if Yes: 4-Digits ____ 1-Digit ____ or Name ____

	Y	N	Unk
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	☐	☐	
Violation of HAZMAT regs. contribute to crash?	☐	☐	☐
Violation of MCS regs. contribute to crash?	☐	☐	☐

Inspection form completed? Y N Unk — Y N — Form No.

- HAZMAT ☐ ☐ ☐ Out of Service? ☐ ☐
- MCS ☐ ☐ ☐ Out of Service? ☐ ☐

IDOT PERMIT # ____ WIDE LOAD Y ☐ N ☐

TRAILER WIDTH(S)	0-96"	97-102"	Over 102"	TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
Trailer 1	☐	☐	☐	Trailer 1 ____	NO. OF AXLES
Trailer 2	☐	☐	☐	Trailer 2 ____	

☐ IN CITY OF / ☐ NEAREST CITY: ____ (Circle) Miles N E S W of:

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION ____ CARGO BODY TYPE ____ LOAD TYPE ____

COMMERCIAL VEHICLE — UNIT NO. ____

CARRIER NAME

ADDRESS 0-96"

CITY STATE ZIP

SOURCE: ☐ Side of truck ☐ Papers ☐ Driver ☐ Log book

ID NUMBER | GVWR

US DOT ____ or State No. ____ | ICCMC ____ State Name ____ ☐ None

HAZARDOUS MATERIALS: PLACARDED? ☐ Yes ☐ No

if Yes: 4-Digits ____ 1-Digit ____ or Name ____

	Y	N	Unk
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	☐	☐	
Violation of HAZMAT regs. contribute to crash?	☐	☐	☐
Violation of MCS regs. contribute to crash?	☐	☐	☐

Inspection form completed? Y N Unk — Y N — Form No.

- HAZMAT ☐ ☐ ☐ Out of Service? ☐ ☐
- MCS ☐ ☐ ☐ Out of Service? ☐ ☐

IDOT PERMIT # ____ WIDE LOAD Y ☐ N ☐

TRAILER WIDTH(S)	0-96"	97-102"	Over 102"	TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
Trailer 1	☐	☐	☐	Trailer 1 ____	NO. OF AXLES
Trailer 2	☐	☐	☐	Trailer 2 ____	

☐ IN CITY OF / ☐ NEAREST CITY: ____ (Circle) Miles N E S W of:

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION ____ CARGO BODY TYPE ____ LOAD TYPE ____