

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

CF



IY003



X002758938

DRAC 9 U1	TRFD 1 U2	TRFC 1	WEAT 2	DRVA 1 U2	VIS 2 U1	VEHD 1 U2	LGHT 1	COLL 4	MANV 1 U1	1 U2
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MK107

INVESTIGATING AGENCY Lisle Police Department	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	\$500 OR LESS \$501 - \$1,500 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	YR 22	AGENCY CRASH REPORT NO. LIP22014512	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME OGDEN AVE	<input checked="" type="checkbox"/> City LISLE	Township <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 9/12/2022	TIME 5:46	SECONDARY CRASH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
200 <input checked="" type="checkbox"/> AT INTERSECTION WITH	YACKLEY AVE (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 1	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW

UNIT 1

<input 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	NAME (LAST, FIRST, M) YORK, ROBERT M	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16 2 9 16 3 8 6 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	* Distraction Value 9	COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N	* IF YES SEE SIDEBAR
CITY LISLE	STATE IL	ZIP 60532	INJ K	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR					
PHONE NUMBER	STATE IL	CLASS 0	CDL ID 0	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N							
EMS AGENCY Lisle Woodridge FD	HOSPITAL (TAKEN TO) Good Samaritan Hospital	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER								

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	NAME (LAST, FIRST, M) SUNDRANI, ASLAM	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 16 2 9 16 3 8 6 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	* Distraction Value 9	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	* IF YES SEE SIDEBAR
CITY AURORA	STATE IL	ZIP 60504	INJ O	EJCT 1	EPHT 0	PLATE NO. DC61602	STATE IL	YEAR 2022					
PHONE NUMBER	STATE IL	CLASS D	CDL ID 0	VIN 3GKALMEV1NL116765	INSURANCE CO. Farmers Insurance	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
EMS AGENCY Lisle Woodridge FD	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER								

(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT)	PASSENGERS & WITNESSES ONLY (NAME) (HOSP) (AS)
W	M DUNKIN, SCOTT

SCANNED

(EVNO) (MOST) (EVNT) (LOC)	DAMAGED PROPERTY OWNER NAME N/A, N/A	DAMAGED PROPERTY N/A	POLICE NOTIFIED 9/12/2022	TIME 5:46	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1						
2	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP N/A	PRIMARY 18	SECONDARY 18	EMS NOTIFIED 9/12/2022	TIME 5:46	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
3	<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED 9/12/2022	TIME 5:49	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
1	ARREST NAME <input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	ROAD CLEARANCE 9/12/2022	TIME 8:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
2	ARREST NAME					
3	OFFICER ID. 484	SIGNATURE Brian Rolls	BEAT / DIST. 1	SUPERVISOR ID. William Wise, 481	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

JK 116 9/19/22

VEHT
16
U1

U2
1
#LNS
5
U1

U2
5
ALIGN
1
U1

U2
1
U2
RSUR
2
U1

U2
1
U2
VEHU
1
U1

U2
98
U2
SPDR
0
U1

U2
0
U2
DEF
1
U1

U2
996
U1

U2
996
U2
#OCCS
1
U1

U2
1
U2
DIRP
5
U1

U2
3
U2
SLMT
40
U1

U2
40
U2

X002758938

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

See MERIT Reconstruction Report

NARRATIVE (refer to vehicle by unit #)

Unit 1, no statement was obtained, (Deceased)

Unit 2, driver stated he did not see Unit 1 until Unit 1 struck his vehicle. Once Unit 1 struck his vehicle he stopped and waited for police / ems. Unit 2 had damage to the driverside bumper and hood of the vehicle.

Witness, Scott D, stated he observed Unit 1 in the center of the roadway and thought Unit 1 hit another car (which fled) and was thrown into another vehicle.

See investigations report for further.

LOCAL USE ONLY

N 42.2220
W -87.5550

U1 Race: W

U2 Race: W

U1 COLOR U2 COLOR U1 Drug 1 000 U1 Drug 2 000 U2 Drug 1 000 U2 Drug 2 000

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE

DAMAGE EXTENT:

U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE

DAMAGE EXTENT: 2

U2 TOWED BY / TO: Darrell's Inc Towing

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 Unknown

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

Did 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 No
MCS 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 _____