

# ILLINOIS TRAFFIC CRASH REPORT



\* AP002 \*



X003750093

DRAC <b>01</b> U1	TRFD <b>03</b> U2	TRFC <b>04</b> U2	WEAT <b>01</b> U2	DRVA <b>02</b> U1	VIS <b>01</b> U2	VEHD <b>01</b> U2	LGHT <b>01</b> U2	COLL <b>02</b> U1	MANV <b>03</b> U2
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INVESTIGATING AGENCY <b>Bolingbrook PD</b>		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"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. 2025 25-1050		TRFW <b>01</b>			
ADDRESS NO.		HIGHWAY or STREET NAME <b>LINDSEY LN</b>		City <input checked="" type="checkbox"/> Township <input type="checkbox"/> <b>BOLINGBROOK</b>		DATE OF CRASH <b>03/11/2025</b> mo day yr		TIME <b>08:15</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SECONDARY CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHT <b>01</b> U1	
(CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) <b>LILY CACHE LN</b> (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY <b>WILL</b>		PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HIT & RUN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FLOW CONDITION <input type="checkbox"/> SLOW <input checked="" type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	# LNS <b>01</b> U2

<input checked="" type="checkbox"/> DRIVER <input 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 <input type="checkbox"/> DV		DATE OF BIRTH Personal Information I mo day yr		MAKE <b>CHEVROLET</b>		MODEL <b>BOLT</b>		YEAR <b>2020</b>		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>12</b>		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		U1
NAME (LAST, FIRST, MI) <b>TRAYNERE, JACQUELINE, L</b>		SEX <b>F</b>		SAFT <b>2</b>		AIR <b>04</b>		AUTOMATED SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK		LEV IN VEH.		LEVEL ENGAGED AT CRASH		U2
STREET ADDRESS Personal Information Removed		INJURY <b>0</b>		EJECT <b>1</b>		EPHT <b>0</b>		PLATE NO. Personal Information Remo		STATE <b>IL</b>		YEAR <b>2025</b>		ALGN <b>01</b> U2
CITY STATE ZIP Private Info		HOSPITAL (TAKEN) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		INCIDENT RESPONDER IF 'Y'		VEHICLE OWNER (LAST, FIRST M.I.) <b>TRAYNERE, JACQUELINE, L</b>		POLICY NO. Personal Information Removed		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		COM VEH <input type="checkbox"/> <input checked="" type="checkbox"/>		U2
TELEPHONE Personal Information Removed		DRIVER LICENSE NO. Personal Information Removed		STATE CLASS CLD ID <b>IL D 0</b>		VIN Personal Information Removed		INSURANCE CO. <b>STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY</b>		EMERGENCY CONTACT NAME (LAST, FIRST, MI) <b>TRAYNERE, JACQUELINE, L</b>		POLICY NO. Personal Information Removed		RSUR <b>01</b> U2
EMS AGENCY		PEDV PPA PPL <b>02 51 02</b>		VEHICLE OWNER (LAST, FIRST M.I.) <b>TRAYNERE, JACQUELINE, L</b>		POLICY NO. Personal Information Removed		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		TELEPHONE Personal Information Removed		VEHU <b>02</b> U1		

<input type="checkbox"/> DRIVER <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Ped <input checked="" type="checkbox"/> Pedal <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV		DATE OF BIRTH Personal Information I mo day yr		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		U2
NAME (LAST, FIRST, MI) Juvenile Court Act		SEX <b>M</b>		SAFT <b>5</b>		AIR <b>0</b>		AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK		LEV IN VEH.		LEVEL ENGAGED AT CRASH		SPDR <b>0</b> U1
STREET ADDRESS Personal Information Removed		INJURY <b>0</b>		EJECT		EPHT		PLATE NO. Personal Information Remo		STATE		YEAR		U2
CITY STATE ZIP		HOSPITAL (TAKEN TO) <input type="checkbox"/> Y <input type="checkbox"/> N		INCIDENT RESPONDER IF 'Y'		VEHICLE OWNER (LAST, FIRST M.I.) <b>TRAYNERE, JACQUELINE, L</b>		POLICY NO. Personal Information Removed		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		TELEPHONE Personal Information Removed		RDEF <b>01</b> U2
TELEPHONE Personal Information Removed		DRIVER LICENSE NO. Personal Information Removed		STATE CLASS CLD ID <b>IL D 0</b>		VIN Personal Information Removed		INSURANCE CO.		EMERGENCY CONTACT NAME (LAST, FIRST, MI) <b>TRAYNERE, JACQUELINE, L</b>		POLICY NO. Personal Information Removed		BAC <b>0.000</b> U1
EMS AGENCY		PEDV PPA PPL <b>02 51 02</b>		VEHICLE OWNER (LAST, FIRST M.I.) <b>TRAYNERE, JACQUELINE, L</b>		POLICY NO. Personal Information Removed		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		TELEPHONE Personal Information Removed		VEHU <b>02</b> U1		

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(EMS)	(HOSP)	# OCCS
<b>W</b>		Personal Info	<b>F</b>						Personal Information Removed			<b>1</b>
<b>W</b>		Personal Info	<b>M</b>						Personal Information Removed			<b>0</b>
<b>W</b>		Personal Info	<b>F</b>						Personal Information Removed			<b>0</b>

(EVNO) <b>1</b>	(MOST) <input checked="" type="checkbox"/>	(EVNT) <b>13</b>	(LOC) <b>4</b>	DAMAGED PROPERTY OWNER NAME <b>TRAYNERE, JACQUELINE</b>		DAMAGED PROPERTY PROPERTY OWNER ADDRESS CITY STATE ZIP		PRIMARY CAUSE <b>02</b>		SECONDARY CAUSE <b>18</b>		POLICE NOTIFIED <b>03/11/2025</b>	TIME <b>08:15</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Did crash occur <input type="checkbox"/> Y In a Work Zone? <input checked="" type="checkbox"/> N	DIRP <b>05</b> U1
<b>2</b>	<input type="checkbox"/>			ARREST NAME <input checked="" type="checkbox"/> Citations Issued <input type="checkbox"/> Pending <b>TRAYNERE, JACQUELINE</b>		SECTION <b>11-1002-A</b>		CITATION NO. <b>12242158</b>		EMS ARRIVED		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	U2	
<b>1</b>	<input type="checkbox"/>			ARREST NAME <input type="checkbox"/> Citations Issued <input type="checkbox"/> Pending		SECTION		CITATION NO.		ROAD CLEARANCE		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Unknown work zone type	SLMT <b>30</b> U1	
<b>2</b>	<input type="checkbox"/>			OFFICER ID. <b>1224</b>		SIGNATURE <b>EBERLING, PETER</b>		BEAT / DIST. <b>PATROL</b>		SUPERVISOR ID. <b>937</b>		COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers Present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2

U1  
U2  
ALGN  
U1  
U2  
SPDR  
U1  
U2  
RDEF  
U1  
U2  
# OCCS  
U1  
U2  
SLMT  
U1  
U2

X003750093

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No.)

On 03/11/25 at 0815hrs, I was dispatched to a vehicle vs a pedestrian on a bicycle at Lindsey and Lily Cache. WESCOM advised that the driver of the vehicle had left the scene, and provided the license plate for Unit 1.

As I was arriving on scene, other units advised Unit 1 and the driver were at the Bolingbrook Police Station.

Unit 2 stated [redacted] was on [redacted] bicycle going eastbound on the north sidewalk of Lily Cache at Lindsey. Southbound traffic was stopped, and [redacted] crossed eastbound in the crosswalk. [redacted] believed that crosswalk light was white, indicating to cross, when [redacted] entered the crosswalk. As [redacted] was crossing, a blue vehicle that was facing southbound pulled forward and struck him on [redacted] left side. [redacted] fell off [redacted] bike, but stated [redacted] was uninjured. Paramedics arrived on scene, and Unit 2's [redacted] Private Info [redacted] was notified. [redacted] refused transport to the hospital. It should be noted that Unit 2 also provided a name of [redacted] Private Info [redacted] It appeared that the chain on [redacted] bicycle was not working anymore.

Witness [redacted] Privat advised she was stopped in traffic southbound Lindsey at Lily Cache. The light was solid red. When the left turn arrow turned green, she observed a blue vehicle pull forward and strike a juvenile on a bicycle that was already in the crosswalk. The vehicle then left the scene eastbound Lily Cache.

Witness [redacted] Privat advised she was stopped southbound Lindsey at Lily Cache, in the southbound lane, and she was the first vehicle. While the light was red, she observed Unit 2 ride [redacted] bicycle eastbound across the crosswalk. The left turn arrow turned green, and a small blue vehicle in the left turn lane pulled forward and struck Unit 2 in the crosswalk. The driver of Unit 1 exited the vehicle to check on Unit 2, but then drove away eastbound Lily Cache. [redacted] Private stated she gave the license plate of Unit 1 to WESCOM.

(Continued on next page.)

LOCAL USE ONLY

U-Color: Blue U-Color: U\_Drug 1 000 U\_Drug 2 U\_Drug 1 000 U\_Drug 2

U\_TOWED DUE TO [ ] DISABLING DAMAGE [ ] NOT DISABLING DAMAGE DAMAGE EXTENT TOWED BY/TO U\_TOWED DUE TO [ ] DISABLING DAMAGE [ ] NOTDISABLING DAMAGE DAMAGE EXTENT TOWED BY/TO

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

Motor Carrer ID [ ] Interstate [ ] Intrastate [ ] Not in Comm./Govt [ ] Not in Comm./Others USDOT NO. ILCC NO.

Source of above info. [ ] Side of Truck [ ] Papers [ ] Driver [ ] Log Book GVWR/GCWR [ ] <10,000 [ ] 10,000-26,000 [ ] >26,000

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

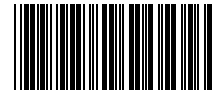
TRAILER VIN 1 TRAILER VIN 2

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



\* AP002 \*



X003750093

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
	03	04	01				01	02	

INVESTIGATING AGENCY <b>Bolingbrook PD</b>		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 type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input checked="" type="checkbox"/> AMENDED		<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. YR <b>2025</b> 25-1050		TRFW <b>01</b>		
ADDRESS NO.		HIGHWAY or STREET NAME <b>LINDSEY LN</b>		<input checked="" type="checkbox"/> City <b>BOLINGBROOK</b>		INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF CRASH <b>03/11/2025</b> mo day yr		TIME <b>08:15</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		SECONDARY CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO		
(CIRCLE) FT / MI N E S W		(CIRCLE) <b>LILY CACHE LN</b>		COUNTY <b>WILL</b>		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 <b>1</b>		FLOW CONDITION <input type="checkbox"/> SLOW <input checked="" type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW
<input checked="" type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)												# LNS		

UNITS	DRIVER <input 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 <input type="checkbox"/> DV		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 POINT OF FIRST CONTACT				TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		U1		
	NAME (LAST, FIRST, MI)		SEX		SAFT		AIR		AUTOMATED SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK		LEV IN VEH.		LEVEL ENGAGED AT CRASH		FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRACION VALUE		U2
	STREET ADDRESS		INJURY		EJECT		EPTH		PLATE NO.		STATE		YEAR		DISTRACION VALUE		COM VEH <input type="checkbox"/> YES <input type="checkbox"/> NO		ALGN <b>01</b>
	CITY		STATE		ZIP		STATE		STATE		YEAR		YEAR		INSURANCE CO.		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		U2
TELEPHONE		DRIVER LICENSE NO.		STATE		CLASS		CLD ID		VIN		INSURANCE CO.		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N				RSUR <b>01</b>	
EMS AGENCY		PEDV		PPA		PPL		VEHICLE OWNER (LAST, FIRST M.I.)		POLICY NO.								VEHU <b>01</b>	
HOSPITAL (TAKEN)		INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N		IF 'Y'		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE											

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

(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME		DAMAGED PROPERTY		POLICE NOTIFIED <b>03/11/2025</b>		TIME <b>08:15</b>		<input type="checkbox"/> AM <input type="checkbox"/> PM Did crash occur <input type="checkbox"/> Y In a Work Zone? <input checked="" type="checkbox"/> N		DIRP
1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS		CITY STATE ZIP		PRIMARY CAUSE <b>02</b>		SECONDARY CAUSE <b>18</b>		<input type="checkbox"/> AM <input type="checkbox"/> PM If YES check one below:		
2	<input type="checkbox"/>			ARREST NAME <input type="checkbox"/> Citations Issued <input type="checkbox"/> Pending		SECTION		CITATION NO.		EMS ARRIVED		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility		SLMT
3	<input type="checkbox"/>			ARREST NAME <input type="checkbox"/> Citations Issued <input type="checkbox"/> Pending		SECTION		CITATION NO.		ROAD CLEARANCE		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Unknown work zone type		U1
1	<input type="checkbox"/>			OFFICER ID. <b>1224</b>		SIGNATURE <b>EBERLING, PETER</b>		BEAT / DIST. <b>PATROL</b>		SUPERVISOR ID. <b>937</b>		COURT DATE		U2
2	<input type="checkbox"/>											<input type="checkbox"/> AM <input type="checkbox"/> PM Workers Present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		

X003750093

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No.)

Witness **Priva** stated **█** lived with Unit 2. They were riding their bicycles eastbound on the north sidewalk of Lily Cache. **Privat** was still on the sidewalk while Unit 2 was crossing the crosswalk eastbound. A blue vehicle struck Unit 2, then eventually left the scene.

I responded to the police department and observed Unit 1 parked in the front lot. It had a half-circle scratch on the hood, all the dust near that scratch had been rubbed off as if something rubbed on the hood, and there were apparent hand/finger prints in the dust on the hood near the scratch. The driver of Unit 1 later stated that damage was not on the vehicle before the crash happened.

I spoke with the driver of Unit 1 in the police lobby interview room. She stated that she was southbound Lindsey at Lily Cache, waiting to turn left. When the arrow turned green, she started a left turn. She noticed a juvenile fall off of **█** bicycle in front of her while **█** was in the crosswalk. She was unsure if she struck the juvenile. She stated she got out to make sure **█** was OK, but did not know what to do, so she left. Then she decided to come to the police station. While discussing the incident, she indicated that she might have struck Unit 2, but was unsure.

Unit 1 driver was issued a citation for Failure to Yield in a Crosswalk.

LOCAL USE ONLY

U_COLOR	U_COLOR	U_Drug 1	U_Drug 2	U_Drug 1	U_Drug 2
U_TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT		TOWED BY/TO	
U_TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOTDISABLING DAMAGE	DAMAGE EXTENT		TOWED BY/TO	

COMMERCIAL MOTOR VEHICLE (CMV)

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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 \_\_\_\_\_  
 Motor Carrer ID  Interstate  Intrastate  Not in Comm./Govt  Not in Comm./Others

USDOT NO. \_\_\_\_\_ ILCC NO. \_\_\_\_\_  
 Source of above info.  Side of Truck  Papers  Driver  Log Book  
 GVWR/GCWR  <10,000  10,000-26,000  >26,000

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 VIN 1 \_\_\_\_\_ TRAILER VIN 2 \_\_\_\_\_

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 \_\_\_\_\_

# Redaction Log

Total Number of Redactions in Document: 27

## Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	Private Info	Private information, as defined by Section 2(c-5), such as social security number, home or personal telephone numbers, and personal email addresses, except as otherwise provided by law. 5 ILCS 140/7(1)(b)	1
1	Juvenile Court Act	The Juvenile Court Act mandates that reports in which a minor was arrested, charged or investigated must be withheld in full. 5 ILCS 140/7.5(bb)	1
2	Private Info	Private information, as defined by Section 2(c-5), such as social security number, home or personal telephone numbers, and personal email addresses, except as otherwise provided by law. 5 ILCS 140/7(1)(b)	5
2			13
4			4
4	Private Info	Private information, as defined by Section 2(c-5), such as social security number, home or personal telephone numbers, and personal email addresses, except as otherwise provided by law. 5 ILCS 140/7(1)(b)	3

# Redaction Log

## Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		2(13) 4(4)
Juvenile Court Act	The Juvenile Court Act mandates that reports in which a minor was arrested, charged or investigated must be withheld in full. 5 ILCS 140/7.5(bb)	1(1)
Private Info	Private information, as defined by Section 2(c-5), such as social security number, home or personal telephone numbers, and personal email addresses, except as otherwise provided by law. 5 ILCS 140/7(1)(b)	1(1) 2(5) 4(3)