

ILLINOIS TRAFFIC CRASH REPORT

Sheet **1** of **1** Sheets



IY002



X000636167

DRAC U1 1	PEDV U2 1	TRFD 3	TRFC 4	WEAT 1	DRVA U2 2	VIS U1 1	U2 1	VEHD U1 1	U2 1	LGHT 1	COLL 10	MANV U1 3	U2 14	PPA	PPL
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INVESTIGATING AGENCY Orland Park PD	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. 2016-156269	TRFW 8
ADDRESS NO.	HIGHWAY OR STREET NAME 143RD ST	<input checked="" type="checkbox"/> City ORLAND PARK	DATE OF CRASH 11/6/2016	TIME 9:50	VEHT U1 15
(CIRCLE) FT / MI <input type="checkbox"/> (CIRCLE) N S E W JOHN HUMPHREY DR	COUNTY COOK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 2	U2 15
<input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LARS CODE	NO. LANES 0

UNIT 1	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 TIMMONS, MICHAEL J	DATE OF BIRTH 11/11/1945 mo / day / yr	MAKE NISSAN	MODEL MURANO	YEAR 2015	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	FRONT REAR 8 7 6 5 4 1 2 3 4	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ALIGN 1		
	STREET ADDRESS 14420 S BLUE SPRUCE CT	SEX M	SAFT 2	AIR 4	PLATE NO. MJT117			STATE IL	YEAR 2017	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	CITY ORLAND PARK	STATE IL	ZIP 60462	INJURY O	EJECT 1			VIN 5N1AZ2MH6FN225018	INSURANCE CO. State Farm Mutual	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	TELEPHONE (708) 710-7235	DRIVER LICENSE NO. T552-5504-5321	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) TIMMONS, MICHAEL J			TELEPHONE (708) 710-7235	POLICY NO. 8131911B0413Q	* IF YES SEE SIDEBAR	

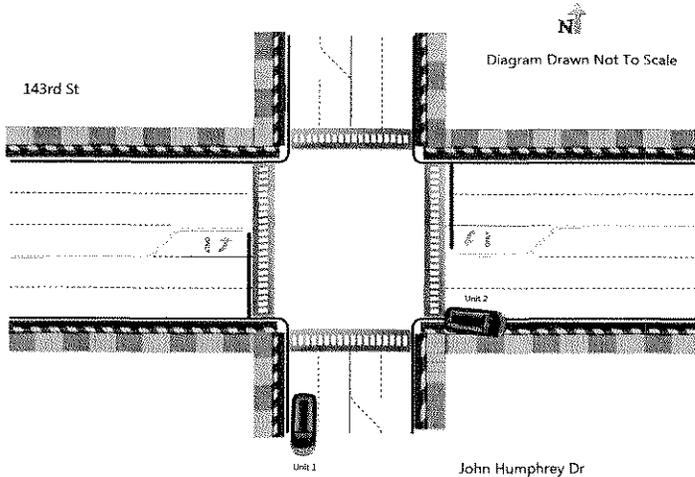
UNIT 2	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV SWEIS, NAHED E	DATE OF BIRTH 12/5/1947 mo / day / yr	MAKE FORD	MODEL EXPLORER	YEAR 2010	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8	FRONT REAR 8 7 6 5 4 1 2 3 4	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	RDEF 1		
	STREET ADDRESS 13138 W CREEKSIDE DR	SEX M	SAFT 2	AIR 4	PLATE NO. G914871			STATE IL	YEAR 2017	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	CITY HOMER GLEN	STATE IL	ZIP 60491	INJURY O	EJECT 1			VIN 1FMEU8F83AUA45607	INSURANCE CO. Allstate Ins Co	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	TELEPHONE (708) 307-8105	DRIVER LICENSE NO. S200-6254-7346	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) SWEIS, HAZEM			TELEPHONE (708) 307-8105	POLICY NO. 932770456	* IF YES SEE SIDEBAR	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1	U2	DIRP	U1	U2

UNIT 1	(EVNO) 1	(MOST) <input checked="" type="checkbox"/>	(EVNT) 11	(LOC) 4	DAMAGED PROPERTY OWNER NAME VILLAGE OF ORLAND PARK	DAMAGED PROPERTY GUARDRAIL/TRAFFIC CONTROL SIGNAL	CONTRIBUTORY CAUSE(S) PRIMARY 02	POSTED SPEED LIMIT 35	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			PROPERTY OWNER ADDRESS 14700 RAVINIA AVE	CITY ORLAND PARK	STATE IL	ZIP 60462	SECONDARY 99
	3	<input type="checkbox"/>			ARREST NAME TIMMONS, MICHAEL J	SECTION 11-902	CITATION NO. EA325326		
UNIT 2	1	<input type="checkbox"/>	11	4	ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED 11/6/2016	TIME NOTIFIED 9:51
	2	<input type="checkbox"/>	1	3	OFFICER ID. 708	SIGNATURE Warren Sekula	BEAT / DIST. 4	SUPERVISOR ID. Andrew Boblak, 115	COURT TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input checked="" type="checkbox"/>	22	3				COURT DATE	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X000636167

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



NARRATIVE (Refer to vehicle by Unit No.)

Driver 1 stated in summary that while waiting in the intersection to turn onto S/B John Humphrey Dr from W/B 143rd st., the traffic light turned yellow. Believing W/B traffic would stop, Unit 1 proceeded to turn at which time, it struck Unit 2 as Unit 2 entered the intersection.

Driver 2 stated in summary that while traveling E/B 143rd St. approaching John Humphrey Dr., the traffic light turned yellow. Unit 2 proceeded into the intersection at which time, Unit 1 proceeded to turn. Unit 2 swerved to the right lane from the median lane in an attempt to avoid colliding with Unit 1. Unit 2 scraped across the front bumper of Unit 1, then ran off of the roadway to the right, east of John Humphrey Dr. Unit 2 then crashed onto and over the guardrail and struck a traffic signal control box.

LOCAL USE ONLY

Motorist 1 Report No: 20140908682

Motorist 2 Report No: 20140908683

U1 Color: Black

U2 Color: Black

U1 Race:

U2 Race:

U1 Towed by / to:

U2 Towed by / to: Ambassador Towing

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 (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 _____

USDOT NO. _____

ILLCC NO. _____

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

Gross Vehicle Weight Rating (GVWR) _____

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 N UNK

Was a Driver/Vehicle Examination Report form 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 _____

CRASH LOCATION: CITY OF OR NEAREST CITY

_____ MILES N E S W OR _____

_____ CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

Narrative

Photos of the damaged Village of Orland Park guardrail and signal box were taken and entered into Arbitrator 360.

Nothing further this reporting officer.