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Gene	va Po	olice D	eparti	ment					1000	NE PERSON'S ICLE / PROPE			\$1,500		B NO	ON SCEN	NE (DESK	REPORT	<b>≥</b> 8	Injury and /	or Tow Due	to Crash	h		23		23-07660	VEHT
ADDRES	s NO.			T	HIGHWA	Y OR S	STREET	T NAME						T	City Township				INTERS		Y 🗆 N		E OF CRASH	TIME			SECONDARY CRASH	<sub>u1</sub> 2
					200	EAST	r sta	ATE S	TREE	Т					GENE	VA			PRIVATE		-	6,	/17/2023	1:4	8		FLOW CONDITION	10
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			DRIVE	RLESS	□PED	□PE(	DAL [	EQUE	s 🗆 N	IMV   NCV			BIRTH		MAKE		Inco:	MOD				AR	FOR DAMAGED AR			12	TOWED Y N	U1
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												K	1	0	N.E			IL				024	FIRST CONTACT	12	1	REAR	• IF YES SEE SIDEBAR  EXPIRED	0
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cmo AC										-			PPA	PPL	VEHICL	E OWNER	(LAST, FI	RST, M.L.)					The state of the s		Ipni	ICV NO		RDEF
	AL (TAK	mbula EN TO)	ince									NCIDE	NT MER	IF "Y"	t			7							nun	SELECT AND INAUTO		BAC
Delnor 🔲 y 🕏								N	un-	TNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS)								(EMS)	997									
	(SEAT)	(DC	DB)	_	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)		PA	SEN	era (	A AALL	110010	OHLI	(144	The same						-				996
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1	3			F	9	4	0	1	0														Refused			Refu	ısed	1
	(EVNO)	1 7	(EVNT)	-	DAMA	AGED P	ROPER	RTY OW	NER NA	AME	87/						DAMAG	ED PROF	ERTY				6/17/2023		:48	□ AM ☑ PM	Did crash occur ☐ Y in a Work Zone? ☑ N	DIRP_
-	1	V	11	1	PROF	PERTY	OWNER	RS ADD	RESS S	STREET, CITY	STATE, ZIP							F	RIMARY		SECOND		EMS NOTIFIED		145	-	If YES check one below:	7
UNIT	2				1														05		28		6/17/2023		:48	M DM	☐ Construction	3
2	3 ☐ GITATIONS ISSUED ☑ PENDING RIVERA-MARTINEZ, RICARDO E							SECTION CITATIO 11-709(A) 1404						7		6/17/2023		:51	☐ AM ☑ PM	☐ Maintenance	U2							
	1	V	11	1	ARREST NAME							SECTION						1404-000427 CITATION NO.				- 1	ROAD CLEARANCE TIM			ПАМ	Utility	30
7			11	-	RIV	/ERA	A-MARTINEZ, RICARDO E					1	11-601(A) 1404-000428							6/17/2023	6	5:33	₩ PM	Unknown work zone type	U1			
UNIT	2	Ш			OFFI	CER ID				GNATURE		-			BEAT / DIST. SUPER				ERVISOR ID				COURT DATE	Т	ME	MA	Workers present? ☑ Y	30
<b>-</b>	3				95				B	ob Pech								Pa	m Mucl	18			A STATE OF THE STA			□ PM	E II	U2

X003067648	A Diagram and Narrative are required on all Type B crashes,	LARGE TRUCK, BUS, OR HM VEHICLE
	even if units have been moved prior to the officer's arrival.	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:
	NÍ Sp.	<ol> <li>Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination): or</li> </ol>
	ed Vehicles East State Street	<ol><li>Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus): or</li></ol>
www.common.common.com	Unit #1	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
	2 7	<ol> <li>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</li> </ol>
	Unit #2 Witness - Hodge	<ol><li>Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).</li></ol>
e note	Dunkin Donuts	UNIT
Cassey Avenue	209 East State Street	CARRIER NAME
111	Diagram Drawn Not To Scale	ADDRESS
150		
NARRATIVE (refer to vehicle The driver of Ur	o by unit #) nit #2 was traveling E/B in the 200 block of East State Street in the inside	MOTOR CARR. ID   Interstate   Intrastate   Not in Comm./Other
lane of traffic.	The driver of Unit #2 was on a motorcycle and wearing a helmet at the tim	
of this accident.		Source of above  ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book  ☐ GWR/GCWR  ☐ <10,000 ☐ 10,000 - 26,000 ☐ >26,000
The driver of Ur	nit #1 was traveling W/B in the 200 block of East State Street, in the inside	Were HAZMAT placards on vehicle? ☐ Yes ☐ No  If yes, name on placard
lane of traffic.	The driver of Unit #1 stated there was a traffic back up at the intersection of	4 digit UN NO 1 digit Hazard Class NO
East State Stree	et and Crissey Avenue.	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
The driver of Ur	nit #1 said he applied his brakes to slow his vehicle due to the traffic back	Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown
up. The driver	of Unit #1 advised his brakes were not working properly in that they slowe	Was a Driver/Vehicle Examination Report form completed?  HAZMAT □ Yes □ No □ Unknown Out of Service □ Yes □ No
his vehicle dow	on to approximately 5-10 mph, but would not stop the vehicle. The driver o	MCS
Unit #1 stated h	his brake pedal was pressed all the way to the floorboard at this time.	IDOT PERMIT NO WIDELOAD? ☐ Y ☐ N
LOCAL USE ONLY		TRAILER VIN 1
ge Ne gyer er	N 41.8866 W -88.2979	TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"  TRAILER 1
U1 COLOR Black	U2 COLOR Black U1 Drug 1 997 U1 Drug 2 997 U2 Drug 1 000 U2 Drug 2 000	TRAILER LENGTH(S) 1ft 2ft  TOTAL VEHICLE LENGTHft NO, OF AXLES
U1 TOWED ☑ DISABLING DAMA		SELECT CODES FROM BACK OF CRASH BOOKLET
U2 TOWED ☑ DISABLING DAMA	AGE ☐ NOT DISABILING DAMAGE DAMAGE EXTENT: 3 U2 TOWED € 1 TO: Duke and Lees	VEHICLE CONFIG CARGO BODY TYPE LOAD TYPE

DRAC		TRFD 1	TRFC		EAT	DRVA		<u> </u>	vis	heet 2 of 2		L	GHT	14	MANV	U					IYOO	3		1   8 8   18   8	* X00	3067648	TREW
INVESTIC	U SATING A	AGENCY		_	-		10		DAMA	GE TO ANY	\$50	ORLE	SS	TYPE OF REPORT				☐ A No	njury / Dri	ve Away			YR	AGE	AGENCY CRASH REPORT NO.		
ONE PERSON'S							\$50			ON SCENE NOT ON SCENE (DESK REPORT) AMENDED				☑ B Injury and / or Tow Due to Cra			o Crash		2:	3	23-07660		VEHT				
	DDRESS NO. HIGHWAY OR STREET NAME					El Ovi	City Township INT					INTERSECT		П.,	DATE OF CRASH				SECONDARY CRASH  YES NO								
102/120	200 EAST STATE STREET									GENEVA				PRIVATE	RELATED ☑ Y ☐ N		6/17/202	23	1.48		FLOW CONDITION		U				
	(C	IRCLE)		(CIRCL														PROPERTY	□ Y	И	DOORING		# OF MOTOR		□ sLOW		
☑ 75		-		E (V	_	GAR	FIELD	O STR	EET					KANI	E			HIT & RUN	ΠY	<b></b> ✓ N	WITH PEDALCYCLIST?	Ø N		2	✓ STOP		#LNS
☐ AT	INTERSE	ECTION WI								CTION OR ROA		RE) OF BIRT	Н.	MAKE			MODEL			YEA	R CIRCLE NUMB			FRONT	TOWED	Y N	U
DRIV	ER []P	ARKED []	DRIVERLE	ESS [	]PED	□PED	AL [	EQUES	I LI NMV	□ NCV □ DV	223										FOR DAMAGE 00 - NONE	D AREA	(S) 1	12	1 DUE TO	CRASH 🔲 🖸	
The second residence	AST, FIF	-									mo SEX	SAFT	_	-	AUTOMAT	ION	LEVEL		LEVEL		13 - UNDER C		E 1	TOP	2 FIRE	OO OBTO	Time.
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CITY						STATE	-		ZIF	,	INJ	EJCT	EPTH	PLATE			STATE			YEA	POINT OF			7 16	GOM VE		U
																			and the second		FIRST CONTA	CT		REAR	* IF YES	SEE SIDEBAR  EXPIRED	_
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EMS AC	ENCY	-									PEDV	PPA	PPL	VEHICL	E OWNER	(LAST, FIRE	T, M.I.)					9		POLICY NO.		•	RSUR 1
											INCI	DENT	IF TY	OWNER	STREET	CITY, STAT	E, ZIP							PHONE NUM	BER		VEHU
HOSPIT	AL (TAK	EN TO)									RESP	ONDER									THE PERSON NAMED IN						
DRIV	ER 🗆 P	ARKED [	DRIVERL	ESS [	PED	□PE0	AL [	EQUE	S NM	NCV D	DATE	OF BIRT	Н	MAKE			MODEL			YEA	FOR DAMAGE		A(S)	FRONT	1 DUE TO	CRASH 🗆 🗆	10
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PHONE	NUMBE	R			-	DRIVE	RLICE	NSE NO	),	- 53	STATE	CLASS	CDLI	D VIN				INS	URANCE	co.						EXPIRED	
											PEDV	PPA	PPL	VEHICI	F OWNER	(LAST, FIR	ST. M.L.)							POLICY NO.			RDEF
EMS A	GENCY																							DUONE NUL	IDED.		_ 1
HOSPI	TAL (TAK	(EN TO)									RESI	DENT ONDER	IF Y	OWNER	R ADDRESS	S (STREET,	CITY, STA	TE, ZIP)						PHONE NUM	BER		BAC
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	(EVNO)	(MOST)	(EVNT)	(LOC)	DAM	AGED P	ROPER	RTY OW	NER NAM	E	10					DAMAGE	D PROPER	RTY			POLICE NO		1:4	LIAM		occur Y	

SECTION

6-101

SECTION

3-707(A5)

BEAT / DIST.

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP

SIGNATURE

**Bob Pech** 

☐ CITATIONS ISSUED PENDING

☐ CITATIONS ISSUED ☑ PENDING

OFFICER ID.

95

RIVERA-MARTINEZ, RICARDO E

RIVERA-MARTINEZ, RICARDO E

2

2

EMS NOTIFIED

6/17/2023

6/17/2023

6/17/2023

COURT DATE

ROAD CLEARANCE

EMS ARRIVED

AM If YES check one below:

Maintenance

☐ Construction

□ AM □ PM Workers present? ☑ Y ☑ N

Unknown work zone type

SLMT

1:48 ☑ PM

**₩** PM

□ AM ☑ PM

TIME

TIME

1:51

6:33

SECONDARY

28

PRIMARY

05

SUPERVISOR ID.

Pam Mucha

CITATION NO.

CITATION NO.

1404-000429

1404-000430

X003067648	A Diagram and Narra	ative are required o	n all <b>Type B</b> cr	ashes,			LARGE TRUCK, BUS, OR HM VEHICLE
	even if units have be	en moved prior to	the officer's ar	rival.			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:
							<ol> <li>Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination): or</li> </ol>
							<ol><li>Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus): or</li></ol>
							<ol> <li>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</li> </ol>
160							<ol> <li>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</li> </ol>
							<ol><li>Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).</li></ol>
							UNIT
							CARRIER NAME
							ADDRESS
WARDATINE (cofee to making t	L M						CITY/STATE/ZIP
NARRATIVE (refer to vehicle b	y unit #)	1	70-				MOTOR CARR, ID   Interstate   Intrestate   Not In Comm./Govt.   Not In Comm./Other
							USDOT NOILLCC NO
							Source of above   Side of Truck
							Were HAZMAT placards on vehicle? ☐ Yes ☐ No
							If yes, name on placard
							4 digit UN NO 1 digit Hazard Class NO
		1000					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?
		100					☐ Yes ☐ No ☐ Unknown
		12 8					Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ Unknown
							Was a Driver/Vehicle Examination Report form completed?
							HAZMAT
							Form Number
	7.00						IDOT PERMIT NO. WIDELOAD? Y N
							TRAILER VIN 1
LOCAL USE ONLY		A STATE OF THE PARTY OF THE PAR					TRAILER VIN 2
green was promise to see to		11.8866 -88.2979	J Race;		U Race:		TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"  TRAILER 1
U COLOR	U COLOR		U Drug 1	U Drug 2	U Drug 1	U Drug 2	TRAILER LENGTH(S) 1ft 2ft
U TOWED DISABLING DAMAGE	E ☐ NOT DISABLING DAMAGE	DAMAGE EXTENT:	U TOWED BY / To	0:			TOTAL VEHICLE LENGTHft NO. OF AXLES
U TOWED DISABLING DAMAGE	E NOT DISABLING DAMAGE	DAMAGE EXTENT:	U TOWED BY / TO	ɔ:			SELECT CODES FROM BACK OF CRASH BOOKLET  VEHICLE CONFIG CARGO BODY TYPE LOAD TYPE

## Narrative

The driver of Unit #1 attempted to avoid a rear-end collision with the vehicle in from	nt of him and veered into oncoming (eastbound
traffic). Unit #1 stuck Unit #2 as he was traveling in his designated lane of traffic.	The driver of Unit #2 was pronounced dead a
short time later at Delnor Hospital.	
Onor and factor at 5 and a second	
The driver of Unit #1 did not show any signs of intoxication and provided a blood a	and urine sample. The driver of Unit #1
presented a Mexican driver's license but has been living in the United States for 1	year. The driver of Unit #1 did not have
insurance on the vehicle, which he stated was purchased 1 month earlier.	
illisurance on the verticle, which he stated was parenassa i mental carrier	
The driver of Unit #1 did not speak English therefore his friend	) translated his statements at the scene.
is listed as a witness for this reason. For more information see case repo	
is listed as a withess for this reason. To more information does does repo	