

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



IY003

X003067648

DRAC 1	TRFD 9	TRFC 1	WEAT 1	DRVA 2	VIS 1	VEHD 1	LGHT 1	COLL 14	MANV 12
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2

INVESTIGATING AGENCY Geneva Police Department	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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	YR 23	AGENCY CRASH REPORT NO. 23-07660	TRFW 1
ADDRESS NO. 200 EAST STATE STREET	HIGHWAY OR STREET NAME GARFIELD STREET	CITY GENEVA	DATE OF CRASH 6/17/2023	TIME 1:48	VEHT 2
<input checked="" type="checkbox"/> AT INTERSECTION WITH 75	(NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY KANE	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 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 RIVERA-MARTINEZ, RICARDO E	DATE OF BIRTH 9/4	MAKE CHEVROLET	MODEL SILVERADO	YEAR 2008	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 3 8 4 7 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 4
STREET ADDRESS	SEX M	SAFT 9	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH 0	LEVEL ENGAGED AT CRASH 0	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U2 2
CITY IL	INJ 0	EJCT 1	EPH 0	PLATE NO.	STATE IL	YEAR 2023	DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 2
STATE IL	CLASS MX	CDL ID D 0	VIN 3GCEK13J38G216443	INSURANCE CO. NOT INSURED	PHONE NO. (331) 250-2285	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U2 2
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO. NONE	PHONE NUMBER	IF YES SEE SIDEBAR	RSUR 1

<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 JONES, JOHN T	DATE OF BIRTH 17/3	MAKE HARLEY DAVIDSON	MODEL ROAD KING	YEAR 2015	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 3 8 4 7 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 2
STREET ADDRESS	SEX M	SAFT 17	AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH 0	LEVEL ENGAGED AT CRASH 0	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 0
CITY IL	INJ K	EJCT 1	EPH 0	PLATE NO.	STATE IL	YEAR 2024	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPDR 0
STATE IL	CLASS DM	CDL ID 0	VIN 1HD1FBM12FB674714	INSURANCE CO. State Farm	PHONE NO. 108	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 0
PHONE NUMBER	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	PHONE NUMBER	IF YES SEE SIDEBAR	U2 1

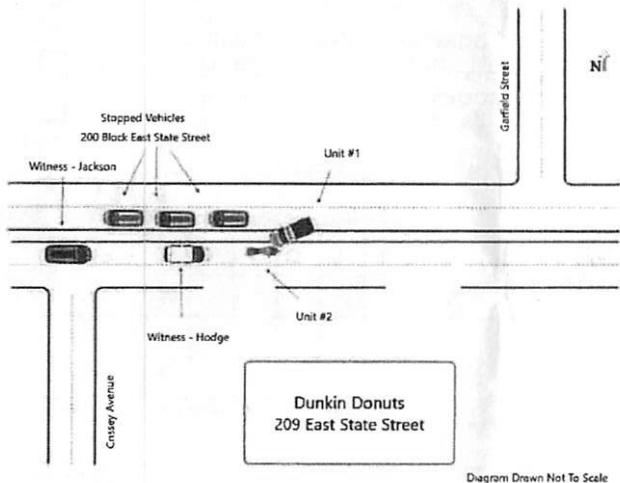
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPH)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	BAC
W			F										997
W			M										996
W			M										4
1	3		F	9	4	0	1	0			Refused	Refused	1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/17/2023	TIME 1:48	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	1			6/17/2023	1:48	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Construction
UNIT 2	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/17/2023	TIME 1:48	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	if YES check one below:
	2	<input type="checkbox"/>					6/17/2023	1:51	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Maintenance
UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/17/2023	TIME 6:33	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Utility
	1	<input checked="" type="checkbox"/>	11	1			6/17/2023	6:33	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Unknown work zone type
UNIT 2	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/17/2023	TIME 6:33	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>					6/17/2023	6:33	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

Fatal
6/30/23
PSM

X003067648

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



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? Yes No

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 _____

NARRATIVE (refer to vehicle by unit #)

The driver of Unit #2 was traveling E/B in the 200 block of East State Street in the inside lane of traffic. The driver of Unit #2 was on a motorcycle and wearing a helmet at the time of this accident.

The driver of Unit #1 was traveling W/B in the 200 block of East State Street, in the inside lane of traffic. The driver of Unit #1 stated there was a traffic back up at the intersection of East State Street and Crissey Avenue.

The driver of Unit #1 said he applied his brakes to slow his vehicle due to the traffic back up. The driver of Unit #1 advised his brakes were not working properly in that they slowed his vehicle down to approximately 5-10 mph, but would not stop the vehicle. The driver of Unit #1 stated his brake pedal was pressed all the way to the floorboard at this time.

LOCAL USE ONLY

N 41.8866
W -88.2979

U1 Race: H

U2 Race: W

U1 COLOR Black U2 COLOR Black U1 Drug 1 997 U1 Drug 2 997 U2 Drug 1 000 U2 Drug 2 000

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: 3 U1 TOWED BY TO: Duke and Lees

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: 3 U2 TOWED BY TO: Duke and Lees

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets



IY003



X003067648

DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV
U	U	1	1	U	U	U	U	1	14
U	U			U	U	U	U	U	U

INVESTIGATING AGENCY Geneva Police Department	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	YR 23	AGENCY CRASH REPORT NO. 23-07660	TRFW 1
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ADDRESS NO.	HIGHWAY OR STREET NAME 200 EAST STATE STREET	CITY GENEVA	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 6/17/2023	TIME 1:48	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT U
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(CIRCLE) 75 / (CIRCLE) FT / M N S E W GARFIELD STREET	COUNTY KANE	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	FLOW CONDITION <input type="checkbox"/> SLOW <input checked="" type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	# LNS U
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<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	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"/> <input type="checkbox"/> DISTRACTED <input type="checkbox"/> <input type="checkbox"/> * Distraction Value COM VEH <input type="checkbox"/> <input type="checkbox"/> * IF YES SEE SIDEBAR	U
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NAME (LAST, FIRST, M) STREET ADDRESS	SEX	SAFT	AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	RSUR 1
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PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS	CDL ID	VIN	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	VEHU U
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EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	PHONE NUMBER	VEHU U
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HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	VEHU U
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<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	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"/> <input type="checkbox"/> DISTRACTED <input type="checkbox"/> <input type="checkbox"/> * Distraction Value COM VEH <input type="checkbox"/> <input type="checkbox"/> * IF YES SEE SIDEBAR	U
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NAME (LAST, FIRST, M) STREET ADDRESS	SEX	SAFT	AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	RDEF 1
---	-----	------	-----	--	---------------	------------------------	---------------	--	------------------

PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS	CDL ID	VIN	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U
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EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	PHONE NUMBER	BAC U
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HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	BAC U
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(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	6		F	12	4	O	1	0			Refused	Refused
1	4		F	9	4	O	1	0			Refused	Refused
W			M									
W			M									

(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/17/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1:48	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U
1	<input type="checkbox"/>								DIRP
2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 05	SECONDARY 28	EMS NOTIFIED 6/17/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1:48	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type
3	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input checked="" type="checkbox"/> PENDING RIVERA-MARTINEZ, RICARDO E ARREST NAME	SECTION 6-101	CITATION NO. 1404-000429	EMS ARRIVED 6/17/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1:51	U
1	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input checked="" type="checkbox"/> PENDING RIVERA-MARTINEZ, RICARDO E ARREST NAME	SECTION 3-707(A5)	CITATION NO. 1404-000430	ROAD CLEARANCE 6/17/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 6:33	SLMT
2	<input type="checkbox"/>			OFFICER ID. 95	SIGNATURE Bob Pech	BEAT / DIST.	SUPERVISOR ID. Pam Mucha	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
3	<input type="checkbox"/>							Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U

X003067648

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

LARGE TRUCK, BUS, OR HM VEHICLE

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

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- 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

NARRATIVE (refer to vehicle by unit #)

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

LOCAL USE ONLY

N 41.8866
W -88.2979

U Race:

U Race:

U COLOR
U COLOR
U Drug 1
U Drug 2
U Drug 1
U Drug 2

U TOWED DUE TO
DISABLING DAMAGE
NOT DISABLING DAMAGE
DAMAGE EXTENT:
U TOWED BY / TO:

U TOWED DUE TO
DISABLING DAMAGE
NOT DISABLING DAMAGE
DAMAGE EXTENT:
U TOWED BY / TO:

Narrative

The driver of Unit #1 attempted to avoid a rear-end collision with the vehicle in front 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.

The driver of Unit #1 did not show any signs of intoxication and provided a blood 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.

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 report #23-07660.