ILLINOIS TRAFFIC CRASH REPORT						RT	SHE	SHEET 2 OF 3 ISP-5330-20060709-051133									
DRAC DRAC 1 1 U3 U4	U3 U		1 T			1 DRVA 1 U4	1 1 U3 U4	U3 U4	4 6 U	0. 0.	U3 U4			*0830			
INVESTIGATING AGENCY TYPE OF R												SH REPORT NO. DATE OF CRASH TIME OF CRASH TRE					
ADDRESS NO. HIGHWAY OR STREET NAME						REET NAME	1 On-sce	ne B Injury 12-06				6-00702 07/05/2006 11:28 PM INTERSECTION NO. VEHICLES LARS CODE					
Interstate 70 EASTBOUND							OUND	AUBURN TWP			RELATED PRIVATE	TED 6					
								ON OR ROAD FEATURE COUNTY			PROPERTY Any veh / prop LARS CODE				U3		
MP 141						MP 141			CLARK				HIT&RUN N Damage over 500 Y				
NAME (LAST, FIRST, MI) DRIVER Driver								DATE OF BIRTH	DATE OF BIRTH MAKE MODEL YEAR				DAMAGED AREA(S) NONE TOWED Y				
DURK ROBERT JOHN								06/07/1969				UNDER CARRIAGE FIRE N					
STREET ADDRESS								SEX SAFT AIR		STATE		TOTAL		X X	HAZMAT N	# LAN	
9358 LITTI	LE SPRI	JCE C	r lo	Г 98		COT A TEXT		M 2 9	XPM184	MI	07	OTHER UNKNO	VN	X	SPILL N	4	
CITY STATE ZIP												POINT OF 1ST 5 V X COMVEH N				ALGN	
LINDEN MI 48451 TELEPHONE LICENSE NO. STATE CLASS								B 1 1G4NM55MORC282859 VEHICLE OWNER (LAST, FIRST, MI)				CONTACT STATE OF THE SAME OF T				2	
(810) 936-48	802		74542	29427			OPER	DURK JR., ROBERT, JOHN				All Risk Insurance					
TAKEN TO	, J =	10020	77372		S AGENC		OI LIK		OWNER ADDRESS (STREET, CITY, STATE, ZIP)					CY NO.		RSUR 1	
Union Hospital Marshall Ambulance						Ambula	nce	9358 LITTLE	9358 LITTLE SPRUCE CT. LOT 98 LINDEN, MI, 48451				(810) 936-4802 2855145				
NAME (LAST, FIRST, MI) DRIVER Driver								DATE OF BIRTH MAKE MODEL YEAR				DAMAGED AREA(S) B TOWED Y					
JOHNS LARRY D								11/16/1948 PETERBILT M 379 2003			NONE UNDER CARRIAGE FIRE N				2		
STREET ADDRESS								SEX SAFT AIR		STATI		TOTAL	CARRIAGE		1,	U3	
2019 COUNTY RD 200 N								M 2 9	P573356	IL	07	X OTHER		7 3	HAZMAT SPILL N	VEHU 10	
CITY STATE ZIP						STATE		INJURY EJECT VIN			UNKNOWN POINT OF 1ST 12 COMVERT 12			U4			
GREENUP IL 62428								B 1741 3DD/A10D3//400			CONTACT RETURN						
TELEPHONE LICENSE NO. STATE CLASS (217) 923-3045 J520-5244-8326 IL AM								VEHICLE OWNER (LAST, FIRST, MI) UNIQUE LEASING INC,				INSURANCE CO. Home State County Mutual Ins Company				1	
(217) 923-3045							ATVI	OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE POLICY NO.				BAC	
					PO BOX 201720 SAN ANTONIO, TX, 78220				NA LFT00111335				96				
REGIONAL HOSPITAL Marshall Ambulance UNIT SEAT DOB SEX SAFT AIR INJ EJCT					PASSENGERS & WITNESSES ONLY (NAME, ADDR. TEL)				HOSP EMS				U3				
			1 AIR	INJ	EJCT			PASSENGERS & WITNESSES ONLY (NAME, ADDR, TEL)				HUSP				BAC	
W - 05/1	4/1945	1945 M DUNLAP DARRELL , 38821 NORWALK RD., LITCHFIE		RD., LITCHFIELD C	OH 44253, NA	n/a n			n/a								
W - 11/1	6/1948	М -	1 _	_	_	JOHNS LARRY D, 2019 COUNTY RD 200N, GREENUP IL			N, GREENUP IL 624	28, (217) 923-3045	n/a		n/a	n/a			
						n/a		n/o	n/a								
W - 09/0	09/02/1964 M ROSS THOMAS E, 15 GORE LANE, BELLA VISTA AR 72714, (479) 685-4882								U3 4								
																NO. OC	
																1	
EVNO MOST	EVNT	LOC	DAM	ACE DROBERTY OWNER NAME CONTRIBUTORY CALIFE (naimons)								U4					
1 X	11	1		IDOT - IL Dept of Transportation				BRIDGE END				17 Physical condition of driver				DIRP	
2	11	1		PROPERTY OWNER ADDRESS (STREET, CITY, STATE, ZIP) CONTRIBUTORY CAUSE (secondary)							* /	U3 3					
3				2300 S. DIRKSEN PARKWAY SPRINGFIE RREST NAME				ELD, IL 62764 SECTION CITATION NO.			20 Improper lane usage DATE NOTIFIED TIME NOTIFIED				DIRP		
3					EY, ROBERT, D				395 3(a)(2) 14hr rule 388		3887185	887185 07/0		/05/2006 11:28 PM		3	
1 X	11	1		ST NAME					SECTION	SECTION CITATION I		COURT DATE			COURT TIME	U4	
2	11	1		ED ID		DE AT / DIG			EDVICOD ID				08/07/2	006	09:00 AM		

SUPERVISOR ID

11

OFFICER ID 5330

BEAT / DIST 12

ISP-5330-20060709-051133	DIAGRAM		COMMERCIAL	VEHICLE		II			
	DIAGRAM		CARRIER NAME	. , 2111022		Unit 3	SOURCE SIDE OF TRUCK		
			ADDRESS				PAPERS		
NO DIAC	2DAM		CITY	STATE	ZIP		DRIVER		
NO DIA	> 1744 141		CITT	SIAIE	ZII		LOG BOOK		
			ID Number:				GVWR		
			USDOT			ICCMC			
			OR State No.		tate Name	DI ACAD	None		
			HAZARDOUS IF YES: 4 DIGIT			PLACAR Name	JED ?		
			HAZARDOUS C						
		VIOLATION OF HAZMAT REGS. CONTRIBUTE TO CRASH?							
		VIOLATION O	1?						
			INSPECTION F	FROM COMP	LETED?				
			HAZMAT	O	UT OF SERVICE	E?	FORM NO.		
			MCS	O	UT OF SERVICE	E?			
			IDOT PERMIT#		Wide	eLoad			
			TRAILER WIDT	ΓH(S)	TRAILER LE	ENGTH(S)	Vehicle Length		
			TRAILER 1		TRAILER 1		Total - Ft No Of Axles		
			TRAILER 2		TRAILER 2		LoadType		
NARRATIVE (Refer to vehicle	hy Unit No.)		Vehicle Configura		Cargo Body Ty	. 1			
` `	ND ON I-70 AT MILE POST 141 WHEN DRIVER FE:	LL ASLEEP. UNIT 1	COMMERCIAL CARRIER NAME	VEHICLE		Unit 4			
RAN OFF THE ROADWAY TO THE R	IGHT AND STRUCK A GUARD RAIL AND BRIDGE WA		UNIQUE LE	EASING INC	C .		SOURCE SIDE OF TRUCK		
TO A REST IN THE MIDDLE OF T	HE EASTBOUND LANES.		ADDRESS PO BOX	X PAPERS					
	ND ON I-70 AT MILE POST 141 IN THE RIGHT L UNIT 2 STRUCK UNIT 3, WHICH WAS PARKED IN '						DRIVER		
AFTER STRIKING UNIT 3, UNIT	2 SKIDDED TO THE LEFT AND STRUCK UNIT 4 WH	ICH WAS PARKED IN THE	CITY SAN ANTONIO	STATE). TX 78220	ZIP		LOG BOOK		
	NIT 4, UNIT 2 SKIDDED BACK TO THE RIGHT LA T LANE. UNIT 4 AFTER BEING STRUCK, THEN S		ID Number:	7, 121 70220			GVWR 80000		
REAR WHICH WAS PARKED IN THE	LEFT LANE IN FRONT OF UNIT 4.			363676		ICCMC	222049		
			OR State No.	N/A St	tate Name T	ΓX	None		
			HAZARDOUS		_	PLACAR	DED? No		
			IF YES: 4 DIGIT		. 51011	Name	N		
			VIOLATION O						
			VIOLATION OF						
			INSPECTION F			TO CKASII:	11		
			HAZMAT		LETED: UT OF SERVICE	E9 N	FORM NO.		
LOCAL USE ONLY			MCS		UT OF SERVICE UT OF SERVICE		IL3810001003		
LOCAL USE ONLY Nothing			IDOT PERMIT#	N/A		eLoad	N		
U3 Color: Red	U3 Towed By / To: Edington's Wrecker Service / Eding	ton's Wrecker Service	TRAILER WIDT		TRAILER LE		Vehicle Length		
			TRAILER 1	0-96"	TRAILER 1	53	Total - Ft 70		

U4 Towed By / To: Edington's Wrecker Service / Edington's Wrecker Service

U4 Color: Blue

TRAILER 2

Vehicle Configuration 6

No Of Axles

LoadType

TRAILER 2

Cargo Body Type 3

5

5