CP004

X003948078

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of _____ Sheets

DRAC U1	DRAC U2	TRFD	TRFC	WEAT	DRVA U1	DRVA U2	VIS U1	VIS U2	VEHD U1	VEHD U2	LGHT	COLL	MANV U1	MANV U2
9	1	1	1	1	16	1	99	99	99	99	5	14	1	11

INVESTIGATING AGENCY: CHICAGO PD

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☒ OVER $1,500

TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away

☒ B Injury and / or Tow Due To Crash

R.D. Number: 2025 JJ403933 (YR)

BEAT OF OCCURRENCE: 1511

TRFW: 10

ADDRESS NO.: 805

HIGHWAY or STREET NAME: N WALLER AVE

☒ CITY: CHICAGO ☐ TOWNSHIP

INTERSECTION RELATED: ☒ Y ☐ N

PRIVATE PROPERTY: ☐ Y ☒ N

HIT & RUN: ☐ Y ☒ N

DATE OF CRASH: 09 / 06 / 2025 (mo / day / yr)

DOORING WITH PEDALCYCLIST: ☐ Y ☒ N

TIME: 03 50 ☒ AM ☐ PM

OF MOTOR VEHICLES INVLD: 5

SECONDARY CRASH: ☒ YES ☐ NO

FLOW CONDITION: ☐ SLOW ☐ STOPPED ☒ FREE FLOW

VEHT U1: 1

U2: 15

☐ .....FT / MI N E S W

☐ AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: COOK

LNS U1: 1

UNIT 1

☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M): UNKNOWN

DATE OF BIRTH: / / (mo / day / yr)

MAKE: NISSAN MODEL: ALTIMA YEAR: 2018

STREET ADDRESS:

SEX: M SAFT: 9 AIR: 9

AUTOMATION SYSTEM: ☐ Y ☒ N ☐ UNK

LEVEL IN VEH.:

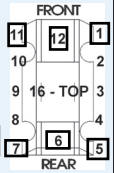
LEVEL ENGAGED AT CRASH:

CITY: STATE: ZIP:

INJ: 0 EJCT: 1 EPTH: 0

PLATE NO.: STATE: IL YEAR:

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
13 - UNDER CARRIAGE
14 - TOTAL (ALL)
15 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: 12



	Y	N
TOWED DUE TO CRASH	☒	☐
FIRE	☐	☒
DISTRACTED	☐	☒
* Distraction Value		
COM VEH * If Yes, See Sidebar	☐	☒

U1: 1

U2: 1

ALGN U1: 1

TELEPHONE: NONE

DRIVER'S LICENSE NO.: NONE

STATE: CLASS: CDL ID:

VIN: [redacted]

INSURANCE CO.: NOT INSURED

EXPIRED: ☐ Y ☐ N

U2: 1

EMS AGENCY: CFD

PEDV: PPA: PPL:

VEHICLE OWNER (LAST, FIRST, M): [redacted]

POLICY NUMBER:

RSUR U1: 1

HOSPITAL (TAKEN TO): STROGER

INCIDENT RESPONDER: ☐ Y ☒ N

IF 'Y':

OWNER STREET, CITY, STATE, ZIP: [redacted]

PHONE NUMBER: NONE

VEHU U1: 2

UNIT 2

☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M): OFC HOLLIS #3989

DATE OF BIRTH: / / (mo / day / yr)

MAKE: FORD MODEL: EXPLORER YEAR: 2024

STREET ADDRESS: 5701 W MADISON ST

SEX: M SAFT: 9 AIR: 4

AUTOMATION SYSTEM: ☐ Y ☒ N ☐ UNK

LEVEL IN VEH.:

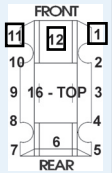
LEVEL ENGAGED AT CRASH:

CITY: CHICAGO STATE: IL ZIP: 60644

INJ: A EJCT: 1 EPTH: 0

PLATE NO.: MP24366 STATE: IL YEAR: 2025

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
13 - UNDER CARRIAGE
14 - TOTAL (ALL)
15 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: 12



	Y	N
TOWED DUE TO CRASH	☐	☒
FIRE	☐	☒
DISTRACTED	☐	☒
* Distraction Value		
COM VEH * If Yes, See Sidebar	☐	☒

U2: 6

SPDR U1: 9

TELEPHONE: NONE

DRIVER'S LICENSE NO.: NONE

STATE: CLASS: CDL ID:

VIN: [redacted]

INSURANCE CO.: CITY OF CHICAGO

EXPIRED: ☐ Y ☒ N

U2: 0

EMS AGENCY:

PEDV: PPA: PPL:

VEHICLE OWNER (LAST, FIRST, M): CITY OF CHICAGO

POLICY NUMBER:

RDEF U1: 1

HOSPITAL (TAKEN TO): STROGER

INCIDENT RESPONDER: ☒ Y ☐ N

IF 'Y': 3

OWNER STREET, CITY, STATE, ZIP: 210 W 69TH ST , CHICAGO, IL, 60621

PHONE NUMBER: NONE

BAC U1: 96

PASSENGERS & WITNESS ONLY

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	(NAME) / (ADDRESS) / (TELEPHONE)	(EMS)	(HOSPITAL)
1	3	06 / 28 / 2009		9	4	0	1		[redacted] /		
2	3	/ /		9	4	0	1		OFC GUERRERO#19492 / , , IL, /		
		/ /									
		/ /									

U2: 96

OCCS U1: 2

U2: 2

DIRP U1: 5

U2: 1

SLMT U1:

U2:

UNIT 1

EV	MOST	EVNT	LOC
1	☒	11	1
2	☐		
3	☐		

UNIT 2

EV	MOST	EVNT	LOC
1	☒	11	1
2	☐		
3	☐		

DAMAGED PROPERTY OWNER NAME:

DAMAGED PROPERTY:

POLICE NOTIFIED: 09 / 06 / 2025 TIME: 03 : 50 ☒ AM ☐ PM

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP:

PRIMARY CAUSE: 50 SECONDARY CAUSE: 99

EMS NOTIFIED: / / TIME: : ☐ AM ☐ PM

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME:

SECTION: CITATION NO.:

EMS ARRIVED: / / TIME: : ☐ AM ☐ PM

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME:

SECTION: CITATION NO.:

ROAD CLEARANCE: / / TIME: : ☐ AM ☐ PM

OFFICER ID: 16935 SIGNATURE: PAYAN, AURIEL

BEAT / DIST.: 1533 SUPERVISOR ID.: A. ASDOU / 991

COURT DATE: / / TIME: : ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☒ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☒ N

U2: 2

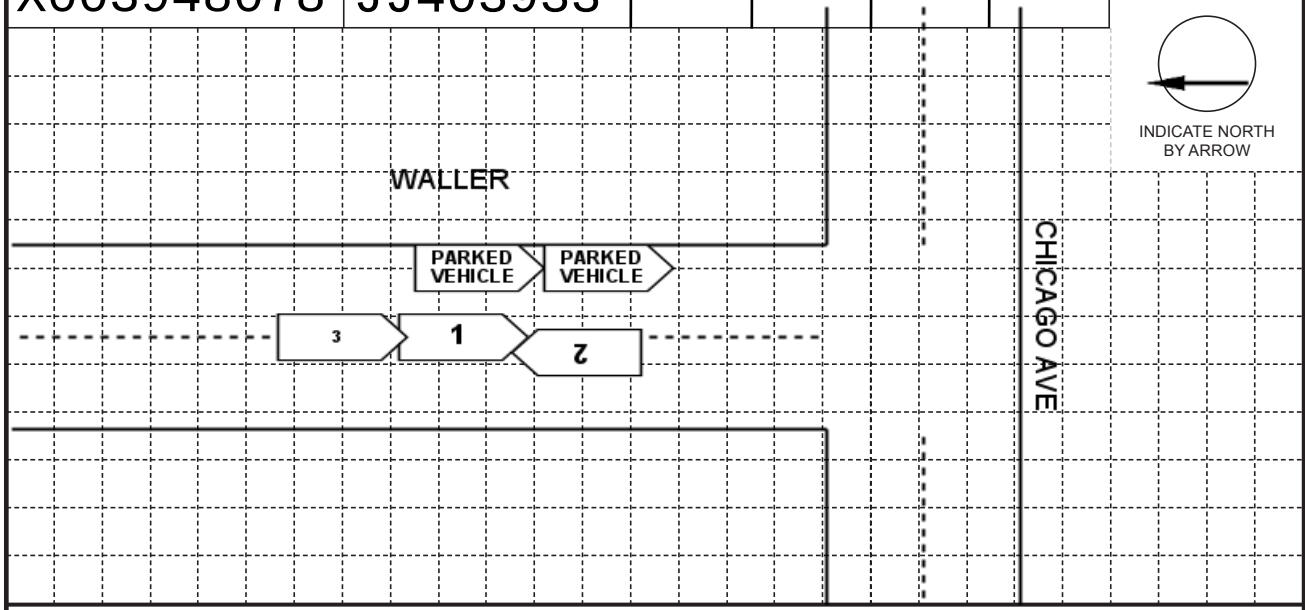
Printed by the authority of the State of Illinois

SR 1050C (JAN. 2019)

*** IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK ***

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

X003948078	RD NUMBER JJ403933	U1 Drug 1	U1 Drug 2	U2 Drug 1	U2 Drug 2



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 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 designated 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).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

MOTOR CARR. ID ☐ Interstate ☐ Intrastate ☐ Not in Comm./Govt. ☐ Not in Comm./Other

USDOT NO. ILCC 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 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? ☐ Yes ☐ No

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 _____

CRASH LOCATION ☐ City of OR ☐ Nearest City

_____ MILES N E S W (CIRCLE ONE) OR _____ City Name

SELECT CODES FROM THE BACK OF CRASH BOOKLET

VEHICLE CONFIG. ____ CARGO BODY TYPE ____ LOAD TYPE ____

NARRATIVE (refer to vehicle by unit #)

EV#2524901744. BWC RECORDED INCIDENT, NOT REVIEWED. IN SUMMARY, R/O'S WERE ASSIGNED FOR A TRAFFIC CRASH THAT OCCURRED AT APPROXIMATELY 805 N WALLER NEAR THE INTERSECTION OF CHICAGO/WALLER IN REFERENCE TO RD#JJ403886. UNIT 2 (OFC HOLLIS) STATED HE WAS DRIVING NB ON WALLER FROM CHICAGO, CAME TO A COMPLETE STOP, WHEN OFFENDING VEHICLE, UNIT 1, PROCEEDED TO INTENTIONALLY STRIKE HIS SQUAD HEAD ON. OFC HOLLIS AND OFC GUERRERO EXITED THEIR SQUADS IN ATTEMPT TO MAKE CONTACT AND AT SOME POINT DURING THE ALTERCATION, OFC HOLLIS ENDED UP IN THE REAR IN BETWEEN UNIT 1 AND UNIT 3. AT SOME POINT THAT IS WHEN UNIT 1 WOULD INTENTIONALLY REVERSE INTO OFC HOLLIS CAUSING HIM TO BE PINNED IN BETWEEN UNIT 1 AND UNIT 3. OFC HOLLIS SUFFERED INJURIES TO HIS BACK AND LEGS AFTER BEING PINNED.

UNIT 3 (OFC MORENO) WHO WAS TRAVELING SB ON WALLER STATED THAT HE CAME TO A COMPLETE STOP BEHIND, UNIT 1, THEN UNIT 1 INTENTIONALLY REVERSED INTO HIS SQUAD. DUE TO THE TRAUMATIC EVENT OFC MORENO WAS UNABLE TO REMEMBER ANY FURTHER DETAILS AT THIS TIME. OFC MORENO SUFFERED INJURIES TO HIS KNEE AND SHOULDERS. UNITS 4 AND 5 WERE PARKED BUT WERE STRUCK. AT THIS TIME R/O'S ARE UNABLE TO DETERMINE WHICH VEHICLES INVOLVED MADE CONTACT WITH UNITS 4 AND 5. OFC MORENO AND OFC HOLLIS WERE TRANSPORTED TO STROGER HOSPITAL WHERE THEY WERE TREATED BY DR. STARR AND LISTED IN GOOD CONDITION.

U_1_COLOR	U_2_COLOR	STATEMENTS TAKEN	PHOTOS TAKEN
EM85788	MP24366	☒ Yes ☐ No	☐ Yes ☒ No

U_1_TOWED DUE TO ☒	DISABLING DAMAGE ☐ NOT DISABLING DAMAGE	DAMAGE EXTENT: 3	TOWED BY/TO:
U_2_TOWED DUE TO ☐	DISABLING DAMAGE ☐ NOT DISABLING DAMAGE	DAMAGE EXTENT:	TOWED BY/TO:

HIT AND RUN WANTED DRIVER	SEX	RACE	AGE	HAIR COLOR	DISTINGUISHING MARKS / CLOTHING	UNIT	VEHICLE COLOR

MAIU ONLY	OFFICER ASSIGNED STAR #	DATE ASSIGNED	SUPERVISOR STAR #	IF CASE CLEARED, HOW	CITATION #
				☐ Arrest Prosecution	

COURT RM.	/ /	TIME : ☐ AM ☐ PM	CHARGES ☐ EXC. CLEARED

SUSPENDED

☐ TIM CANNOT ID OFFENDER
☐ LETTER TO CONTACT RETURNED BY USPS
☐ VEHICLE REGISTRATION UNAVAILABLE
☐ NO INVESTIGATIVE LEADS
☐ WARRANT OBTAINED
☐ INSUFFICIENT EVIDENCE FOR ARREST
☐ VEHICLE STOLEN - RD #
☐ OTHER (SPECIFY)

PREPARED BY:	STAR #	DD/MM/YR	APPROVED BY:	STAR #

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of _____ Sheets

CP004 *X003948078*

DRAC U1	DRAC U2	TRFD	TRFC	WEAT	DRVA U1	DRVA U2	VIS U1	VIS U2	VEHD U1	VEHD U2	LGHT	COLL	MANV U1	MANV U2
1		1	1	1	1		99		1	99	5	14	1	21

INVESTIGATING AGENCY: **CHICAGO PD**

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☒ OVER $1,500

TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away

☒ B Injury and / or Tow Due To Crash

R.D. Number: 2025 JJ403933 (YR)

BEAT OF OCCURRENCE: 1511

ADDRESS NO.: 805

HIGHWAY or STREET NAME: N WALLER AVE

☒ CITY CHICAGO ☐ TOWNSHIP

INTERSECTION RELATED ☒ Y ☐ N

PRIVATE PROPERTY ☐ Y ☒ N

HIT & RUN ☐ Y ☒ N

DATE OF CRASH: 09 / 06 / 2025 (mo / day / yr)

TIME: 03 50 ☒ AM ☐ PM

SECONDARY CRASH ☒ YES ☐ NO

FLOW CONDITION ☐ SLOW ☐ STOPPED ☒ FREE FLOW

☐ .....FT / MI N E S W ☐ AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: COOK

DOORING WITH PEDALCYCLIST ☐ Y ☒ N

OF MOTOR VEHICLES INVLD: 5

UNIT 1

☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M): OFC MORENO#16722

DATE OF BIRTH: / / (mo / day / yr)

MAKE: FORD MODEL: EXPLORER YEAR: 2020

STREET ADDRESS: 5701 W MADISON ST

SEX: M SAFT: 9 AIR: 4

AUTOMATION SYSTEM ☐ Y ☒ N ☐ UNK

LEVEL IN VEH.

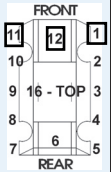
LEVEL ENGAGED AT CRASH

CITY: CHICAGO STATE: IL ZIP: 60644

INJ: B EJCT: 1 EPTH: 0

PLATE NO.: MP18905 STATE: IL YEAR: 2025

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
13 - UNDER CARRIAGE
14 - TOTAL (ALL)
15 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: 12



TOWED	Y	N
DUE TO CRASH	☐	☒
FIRE	☐	☒
DISTRACTED	☐	☒

* Distraction Value

COM VEH ☐ ☒ * If Yes, See Sidebar

TELEPHONE: NONE

DRIVER'S LICENSE NO.: NONE

STATE CLASS CDL ID

VIN: [redacted]

INSURANCE CO.: CITY OF CHICAGO EXPIRED ☐ Y ☒ N

EMS AGENCY: CFD

PEDV PPA PPL

VEHICLE OWNER (LAST, FIRST, M): CITY OF CHICAGO

POLICY NUMBER

HOSPITAL (TAKEN TO): STROGER

INCIDENT RESPONDER ☒ Y ☐ N IF 'Y': 3

OWNER STREET, CITY, STATE, ZIP: 210 W 69TH ST , CHICAGO, IL, 60621

PHONE NUMBER: NONE

UNIT 2

☐ DRIVER ☒ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M):

DATE OF BIRTH: / / (mo / day / yr)

MAKE: TOYOTA MODEL: CAMRY YEAR: 2013

STREET ADDRESS:

SEX SAFT AIR

AUTOMATION SYSTEM ☐ Y ☒ N ☐ UNK

LEVEL IN VEH.

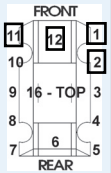
LEVEL ENGAGED AT CRASH

CITY: STATE: ZIP:

INJ EJCT EPTH

PLATE NO.: [redacted] STATE: IL YEAR: 2026

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
13 - UNDER CARRIAGE
14 - TOTAL (ALL)
15 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: 1



TOWED	Y	N
DUE TO CRASH	☐	☒
FIRE	☐	☒
DISTRACTED	☐	☒

* Distraction Value

COM VEH ☐ ☒ * If Yes, See Sidebar

TELEPHONE: NONE

DRIVER'S LICENSE NO.: N/A

STATE CLASS CDL ID

VIN: [redacted]

INSURANCE CO.: NOT INSURED EXPIRED ☐ Y ☒ N

EMS AGENCY:

PEDV PPA PPL

VEHICLE OWNER (LAST, FIRST, M): [redacted]

POLICY NUMBER

HOSPITAL (TAKEN TO):

INCIDENT RESPONDER ☐ Y ☒ N IF 'Y':

OWNER STREET, CITY, STATE, ZIP: [redacted]

PHONE NUMBER: NONE

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESS ONLY (NAME) / (ADDRESS) / (TELEPHONE)	(EMS)	(HOSPITAL)
		/ /									
		/ /									
		/ /									
		/ /									

	EV	MOST	EVNT	LOC
UNIT 1	1	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP

PRIMARY CAUSE: 50 SECONDARY CAUSE: 99

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME

SECTION CITATION NO.

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME

SECTION CITATION NO.

OFFICER ID: 16935 SIGNATURE: PAYAN, AURIEL

BEAT / DIST.: 1533 SUPERVISOR ID.: A. ASDOU / 991

POLICE NOTIFIED: 09 / 06 / 2025 TIME: 03 : 50 ☒ AM ☐ PM

EMS NOTIFIED / / TIME : ☐ AM ☐ PM

EMS ARRIVED / / TIME : ☐ AM ☐ PM

ROAD CLEARANCE / / TIME : ☐ AM ☐ PM

COURT DATE / / TIME : ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☒ N

If YES check one below:
☐ Construction
☐ Maintenance
☐ Utility
☐ Unknown work zone type

Workers present? ☐ Y ☒ N

TRFW	10
VEHT U1	15
U2	1
# LNS U1	1
U2	1
ALGN U1	1
U2	1
RSUR	1
VEHU U1	6
U2	1
SPDR U1	0
U2	0
RDEF	1
BAC U1	96
U2	96
# OCCS U1	1
U2	0
DIRP U1	5
U2	5
SLMT U1	
U2	

* IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK *

Printed by the authority of the State of Illinois

SR 1050C (JAN. 2019)

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

X003948078	RD NUMBER JJ403933	U1 Drug 1	U1 Drug 2	U2 Drug 1 095	U2 Drug 2

INDICATE NORTH BY ARROW

NARRATIVE (refer to vehicle by unit #)

U_1_COLOR	U_2_COLOR	STATEMENTS TAKEN	PHOTOS TAKEN
WHITE	WHITE	☒ Yes ☐ No	☐ Yes ☒ No

U_1_TOWED DUE TO ☐ DISABLING DAMAGE ☒ NOT DISABLING DAMAGE	DAMAGE EXTENT:	TOWED BY/TO:	
U_2_TOWED DUE TO ☐ DISABLING DAMAGE ☐ NOT DISABLING DAMAGE	DAMAGE EXTENT:	TOWED BY/TO:	

HIT AND RUN WANTED DRIVER	SEX	RACE	AGE	HAIR COLOR	DISTINGUISHING MARKS / CLOTHING	UNIT	VEHICLE COLOR

MAIU ONLY	OFFICER ASSIGNED STAR #	DATE ASSIGNED	SUPERVISOR STAR #	IF CASE CLEARED, HOW	CITATION #
				☐ Arrest Prosecution	

COURT RM.	/ /	TIME : ☐ AM ☐ PM	CHARGES ☐ EXC. CLEARED

SUSPENDED
- ☐ TIM CANNOT ID OFFENDER
- ☐ LETTER TO CONTACT RETURNED BY USPS
- ☐ VEHICLE REGISTRATION UNAVAILABLE
- ☐ NO INVESTIGATIVE LEADS
- ☐ WARRANT OBTAINED
- ☐ INSUFFICIENT EVIDENCE FOR ARREST
- ☐ VEHICLE STOLEN - RD #
- ☐ OTHER (SPECIFY)

PREPARED BY:	STAR #	DD/MM/YR	APPROVED BY:	STAR #

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 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 designated 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).

CARRIER NAME _____

ADDRESS _____

_____

CITY/STATE/ZIP _____

MOTOR CARR. ID ☐ Interstate ☐ Intrastate ☐ Not in Comm./Govt. ☐ Not in Comm./Other

USDOT NO. _____ ILCC 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 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? ☐ Yes ☐ No

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 _____

CRASH LOCATION ☐ City of OR ☐ Nearest City

_____ MILES N E S W (CIRCLE ONE) OR _____ City Name

SELECT CODES FROM THE BACK OF CRASH BOOKLET

VEHICLE CONFIG. ____ CARGO BODY TYPE ____ LOAD TYPE ____

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS

ILLINOIS TRAFFIC CRASH REPORT

Sheet 3 of _____ Sheets

CP004

X003948078

DRAC U1	DRAC U2	TRFD	TRFC	WEAT	DRVA U1	DRVA U2	VIS U1	VIS U2	VEHD U1	VEHD U2	LGHT	COLL	MANV U1	MANV U2
		1	1	1					99		5	14	21	

INVESTIGATING AGENCY: **CHICAGO PD**

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☐ $500 OR LESS ☐ $501 - $1,500 ☒ OVER $1,500

TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

☐ A No Injury / Drive Away

☒ B Injury and / or Tow Due To Crash

R.D. Number: 2025 JJ403933 (YR)

BEAT OF OCCURRENCE: 1511

TRFW: 10

ADDRESS NO.: 805

HIGHWAY or STREET NAME: N WALLER AVE

☒ CITY ☐ TOWNSHIP: CHICAGO

INTERSECTION RELATED ☒ Y ☐ N

PRIVATE PROPERTY ☐ Y ☒ N

HIT & RUN ☐ Y ☒ N

DATE OF CRASH: 09 06 2025 (mo / day / yr)

TIME: 03 50 ☒ AM ☐ PM

SECONDARY CRASH ☒ YES ☐ NO

FLOW CONDITION ☐ SLOW ☐ STOPPED ☒ FREE FLOW

☐ .....FT / MI N E S W ☐ AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: COOK

DOORING WITH PEDALCYCLIST ☐ Y ☒ N

OF MOTOR VEHICLES INVLD: 5

VEHT U1: 1

LNS U1: 1

ALGN U1: 1

VEHU U1: 2

SPDR U1: 0

RDEF: 1

BAC U1: 96

RSUR: 1

UNIT 1

☐ DRIVER ☒ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M):

DATE OF BIRTH: / / (mo / day / yr)

MAKE: LEXUS MODEL: ES330 YEAR: 2006

STREET ADDRESS:

SEX | SAFT | AIR | AUTOMATION SYSTEM ☐ Y ☒ N ☐ UNK | LEVEL IN VEH. | LEVEL ENGAGED AT CRASH

CITY | STATE | ZIP

INJ | EJCT | EPTH

PLATE NO. [redacted] | STATE: IL | YEAR: 2026

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 13 - UNDER CARRIAGE; 14 - TOTAL (ALL); 15 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 99

TOWED DUE TO CRASH: Y ☐ N ☒

FIRE: Y ☐ N ☒

DISTRACTED: Y ☐ N ☒

* Distraction Value:

COM VEH: Y ☐ N ☒

* If Yes, See Sidebar

TELEPHONE: NONE

DRIVER'S LICENSE NO.: N/A

STATE | CLASS | CDL ID

VIN [redacted]

INSURANCE CO.: DIRECT AUTO

EXPIRED ☐ Y ☒ N

EMS AGENCY

PEDV | PPA | PPL

VEHICLE OWNER (LAST, FIRST, M) [redacted]

POLICY NUMBER [redacted]

HOSPITAL (TAKEN TO)

INCIDENT RESPONDER ☐ Y ☒ N | IF 'Y'

OWNER STREET, CITY, STATE, ZIP [redacted]

PHONE NUMBER: NONE

UNIT 2

☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV ☐ DV

NAME (LAST, FIRST, M):

DATE OF BIRTH: / / (mo / day / yr)

MAKE | MODEL | YEAR

STREET ADDRESS:

SEX | SAFT | AIR | AUTOMATION SYSTEM ☐ Y ☐ N ☐ UNK | LEVEL IN VEH. | LEVEL ENGAGED AT CRASH

CITY | STATE | ZIP

INJ | EJCT | EPTH

PLATE NO. | STATE | 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: Y ☐ N ☐

FIRE: Y ☐ N ☐

DISTRACTED: Y ☐ N ☒

* Distraction Value:

COM VEH: Y ☐ N ☐

* If Yes, See Sidebar

TELEPHONE

DRIVER'S LICENSE NO.

STATE | CLASS | CDL ID

VIN

INSURANCE CO.

EXPIRED ☐ Y ☒ N

EMS AGENCY

PEDV | PPA | PPL

VEHICLE OWNER (LAST, FIRST, M)

POLICY NUMBER

HOSPITAL (TAKEN TO)

INCIDENT RESPONDER ☐ Y ☐ N | IF 'Y'

OWNER STREET, CITY, STATE, ZIP

PHONE NUMBER

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESS ONLY (NAME) / (ADDRESS) / (TELEPHONE)	(EMS)	(HOSPITAL)
		/ /									
		/ /									
		/ /									
		/ /									

	EV	MOST	EVNT	LOC
UNIT 1	1	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME

DAMAGED PROPERTY

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP

PRIMARY CAUSE: 50 | SECONDARY CAUSE: 99

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME | SECTION | CITATION NO.

☐ CITATIONS ISSUED ☐ PENDING

ARREST NAME | SECTION | CITATION NO.

OFFICER ID: 16935

SIGNATURE: PAYAN, AURIEL

BEAT / DIST.: 1533

SUPERVISOR ID.: A. ASDOU / 991

POLICE NOTIFIED: 09 / 06 / 2025 TIME: 03 : 50 ☒ AM ☐ PM

EMS NOTIFIED / / TIME : ☐ AM ☐ PM

EMS ARRIVED / / TIME : ☐ AM ☐ PM

ROAD CLEARANCE / / TIME : ☐ AM ☐ PM

COURT DATE / / TIME : ☐ AM ☐ PM

Did crash occur in a Work Zone? ☐ Y ☒ N

If YES check one below:

☐ Construction

☐ Maintenance

☐ Utility

☐ Unknown work zone type

Workers present? ☐ Y ☒ N

DIRP U1: 5

SLMT U1:

OCCS U1: 0

U2

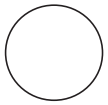
Printed by the authority of the State of Illinois

SR 1050C (JAN. 2019)

* IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK *

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

X003948078	RD NUMBER JJ403933	U1 Drug 1 095	U1 Drug 2	U2 Drug 1 095	U2 Drug 2



INDICATE NORTH BY ARROW

NARRATIVE (refer to vehicle by unit #)

U_1_COLOR white	U_2_COLOR	STATEMENTS TAKEN ☒ Yes ☐ No	PHOTOS TAKEN ☐ Yes ☒ No
U_1_TOWED DUE TO ☐ DISABLING DAMAGE ☒ NOT DISABLING DAMAGE		DAMAGE EXTENT:	TOWED BY/TO:
U_2_TOWED DUE TO ☐ DISABLING DAMAGE ☐ NOT DISABLING DAMAGE		DAMAGE EXTENT:	TOWED BY/TO:

HIT AND RUN WANTED DRIVER	SEX	RACE	AGE	HAIR COLOR	DISTINGUISHING MARKS / CLOTHING	UNIT	VEHICLE COLOR

MAIU ONLY	OFFICER ASSIGNED STAR #	DATE ASSIGNED	SUPERVISOR STAR #	IF CASE CLEARED, HOW ☐ Arrest Prosecution	CITATION #

COURT RM.	/ /	TIME : ☐ AM ☐ PM	CHARGES ☐ EXC. CLEARED

SUSPENDED
- ☐ TIM CANNOT ID OFFENDER
- ☐ LETTER TO CONTACT RETURNED BY USPS
- ☐ VEHICLE REGISTRATION UNAVAILABLE
- ☐ NO INVESTIGATIVE LEADS
- ☐ WARRANT OBTAINED
- ☐ INSUFFICIENT EVIDENCE FOR ARREST
- ☐ VEHICLE STOLEN - RD #
- ☐ OTHER (SPECIFY)

PREPARED BY:	STAR #	DD/MM/YR	APPROVED BY:	STAR #

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 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 designated 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).

CARRIER NAME _____

ADDRESS _____

_____

CITY/STATE/ZIP _____

MOTOR CARR. ID ☐ Interstate ☐ Intrastate ☐ Not in Comm./Govt. ☐ Not in Comm./Other

USDOT NO. _____ ILCC 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 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? ☐ Yes ☐ No

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 _____

CRASH LOCATION ☐ City of OR ☐ Nearest City

_____ MILES N E S W (CIRCLE ONE) OR _____ City Name

SELECT CODES FROM THE BACK OF CRASH BOOKLET

VEHICLE CONFIG. ____ CARGO BODY TYPE ____ LOAD TYPE ____

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS