

ILLINOIS TRAFFIC CRASH REPORT

DRAC 9:12 U2 TRFD 3 TRFC 9 WEAT 1 DRVA 99 V/S 99 VEHD 99
 COLL 1 MANV 1 U1 U2

INVESTIGATING AGENCY
CHICAGO PD

ADDRESS NO. 3400
 HIGHWAY OR STREET NAME
W CHICAGO AVE

..... FT / MI N E S W
 AT INTERSECTION WITH

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV

NAME (LAST, FIRST, M)
UNKNOWN, LUNKNOWN

STREET ADDRESS
UNKNOWN, LUNKNOWN

CITY STATE ZIP
IL 2026

TELEPHONE
NONE

EMS AGENCY
CFD

HOSPITAL (TAKEN TO)
MT SINAI

DRIVER'S LICENSE NO.
N/A

NAME (LAST, FIRST, M)
UNKNOWN, LUNKNOWN

STREET ADDRESS
UNKNOWN, LUNKNOWN

CITY STATE ZIP
IL 2026

DRIVER'S LICENSE NO.
N/A

NAME (LAST, FIRST, M)
UNKNOWN, LUNKNOWN

STREET ADDRESS
UNKNOWN, LUNKNOWN

CITY STATE ZIP
IL 2026

R.D. Number
2026 JK175398

BEAT OF OCCURRENCE
1121

DATE OF CRASH
03 09 2026

TIME
05 53

TRFW
2

VEHT
U1

DATE OF CRASH RELATED
03 09 2026

TIME
05 53

TRFW
1

VEHT
U1

DATE OF CRASH RELATED
03 09 2026

TIME
05 53

TRFW
2

VEHT
U1

DATE OF CRASH RELATED
03 09 2026

TIME
05 53

TRFW
2

VEHT
U1

TYPE OF REPORT
 ON SCENE
 NOT ON SCENE (DESK REPORT)
 AMENDED

TOWNSHIP
CHICAGO

CITY
CHICAGO

COUNTY
COOK

INTERSECTION
 PRIVATE PROPERTY
 HIT & RUN

YEAR
2014

MODEL
250 SERIES

MAKE
MERCEDES-BENZ

LEVEL IN VEH.
9

LEVEL ENGAGED AT CRASH
9

YEAR
2026

STATE
IL

VEHICLE OWNER (LAST, FIRST, M)
UNKNOWN, UNKNOWN

OWNER STREET, CITY, STATE, ZIP

MAKE
UNKNOWN, UNKNOWN

MODEL
250 SERIES

YEAR
2014

LEVEL IN VEH.
9

DATE OF BIRTH
09 / 01 / 1999

SAFT
9

AIR
9

SEX
X

DATE OF BIRTH
09 / 01 / 1999

SAFT
9

AIR
9

SEX
X

DATE OF BIRTH
09 / 01 / 1999

SAFT
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AIR
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SEX
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DATE OF BIRTH
09 / 01 / 1999

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AIR
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SEX
X

DATE OF BIRTH
09 / 01 / 1999

SAFT
9

CLASS
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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? 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? 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.

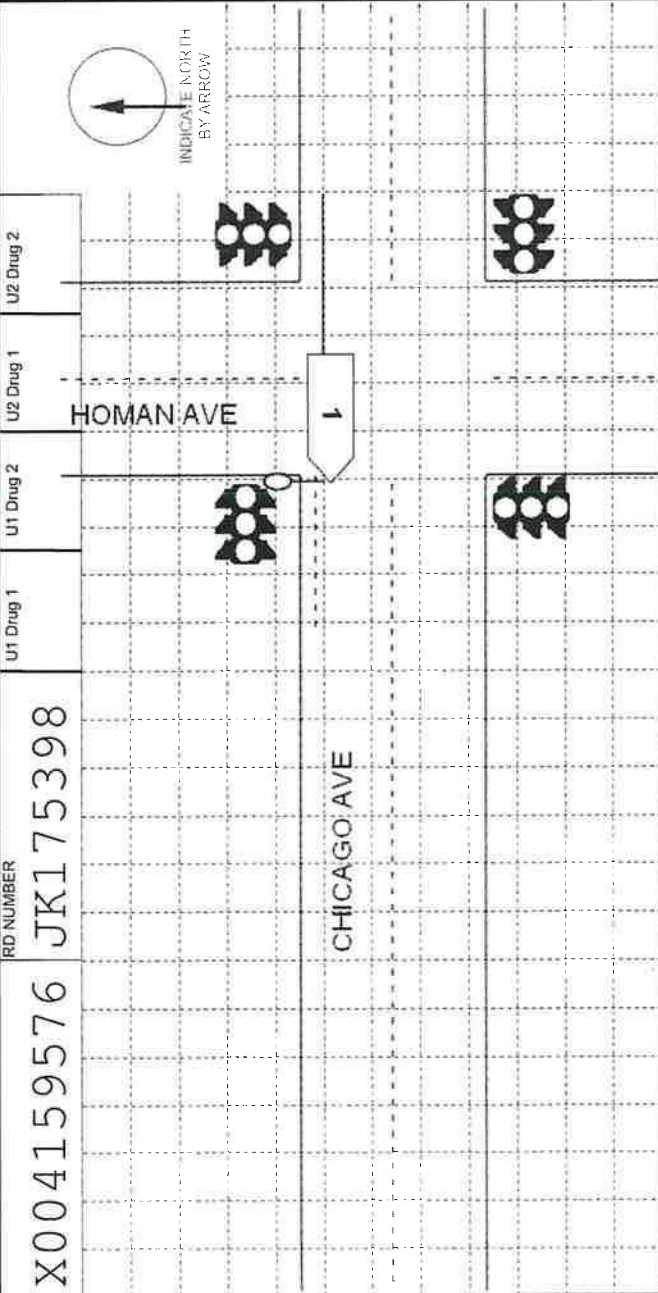
TOTAL VEHICLE LENGTH _____ ft. NO. OF AXLES _____

CRASH LOCATION City of OR Nearest City

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

SELECT CODES FROM THE BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____



NARRATIVE (refer to vehicle by unit #)
 EVENT# 10628. THIS IS A BWC RECORDED INCIDENT. IN SUMMARY, R/O WAS ASSIGNED A AUTO ACCIDENT. UPON MEETING UNIT 2, UNIT 2 RELATED SHE WAS STRUCK BY A WHITE SEDAN WHILE CROSSING THE WEST SIDEWALK GOING SOUTHBOUND. SHE ALSO SHE OBSERVED A PATROL VEHICLE AND WAVED THEM DOWN, AND POINTED AT UNIT #1 WHO KEPT DRIVING OFF. UNIT #2 WAS TRANSPORTED TO MT SINAI. AND TREATED BY DR.WING. DRIVER EXCHANGE CARD GIVEN.

RD NUMBER JK175398	U1 Drug 1	U1 Drug 2	U2 Drug 1	U2 Drug 2	PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATEMENTS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
U.1. TOWED DUE TO <input type="checkbox"/>	U.1. TOWED DUE TO <input type="checkbox"/>	U.2. TOWED DUE TO <input type="checkbox"/>	U.2. TOWED DUE TO <input type="checkbox"/>	DAMAGE EXTENT:	DAMAGE EXTENT:	DAMAGE EXTENT:
HIT AND RUN WANTED DRIVER	SEX UNK	RACE 7	AGE 99	HAIR COLOR XXX	DATE ASSIGNED	CHARGES <input type="checkbox"/> EXC, CLEARED
OFFICER ASSIGNED STAR #	DATE ASSIGNED	SUPERVISOR STAR #	IF CASE CLEARED, HOW <input type="checkbox"/> Arrest, Prosecution	DISTINGUISHING MARKS / CLOTHING	UNIT 1	VEHICLE COLOR WHI
COURT RM. / /	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			unknown		CITATION #
SUSPENDED <input type="checkbox"/>	TIM CANNOT ID OFFENDER <input type="checkbox"/>	LETTER TO CONTACT RETURNED BY USPS <input type="checkbox"/>	VEHICLE REGISTRATION UNAVAILABLE <input type="checkbox"/>	NO INVESTIGATIVE LEADS <input type="checkbox"/>	WARRANT OBTAINED <input type="checkbox"/>	INSUFFICIENT EVIDENCE FOR ARREST <input type="checkbox"/>
PREPARED BY	STAR #	DD/MM/YR	APPROVED BY	STAR #	VEHICLE STOLEN - RD # <input type="checkbox"/>	OTHER (SPECIFY) <input type="checkbox"/>