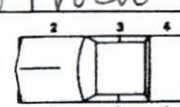
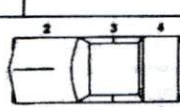
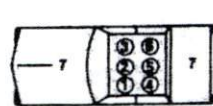



# Local Traffic Crash Report

Local Report Number 2015-86902

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved _____		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150	
In County of <u>CLEMONTE</u>		• Within corporate limits of (if not, file with correct agency)		Date of Crash M <u>09</u> D <u>14</u> Y <u>15</u> Day <u>MONDAY</u>	Time <u>4:00</u> <span style="float:right">SA PM</span>
Crash Occurred On <u>ARMSTRONG BLVD.</u>			Within The Intersection Of <u># 4270</u>		
If Not In Intersection _____ N _____ E _____ S _____ W _____ Of _____ (List Nearest Intersecting Street, Milepost, House No.) <u>MIDWEST MOLD &amp; TEXTURES</u>					
<b>A</b> Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>STASSEN INS. AGENCY</u>	
Driver - Pedestrian Name (Last, First, MI) <u>RUBIO-ESPINAL, DAVID</u>			Address (No., Street, State, Zip Code) <u>3650 W. BELMONT #2, CHICAGO, IL 60618</u>		
Phone No. _____	Birth Date M <u>01</u> D <u>08</u> Y <u>80</u>	Age <u>35</u>	Sex <u>M</u>	State <u>IL</u>	Drivers License No. <u>R21-1608-0008</u> Occupation _____
Owner (If Same As Driver, Write Same) <u>ME = RC INC.</u>			Address <u>5710 S. KEELER AVE CHICAGO, IL 60629</u>		Phone <u>773-620-1536</u>
Veh. Year <u>1998</u>	Make <u>VOLVO</u>	Model <u>COMM TRK</u>	Color <u>GREEN</u>	Style <u>TRK</u>	State <u>IL</u> License Plate No. <u>P777372</u> Towing Service _____ Veh/Ped Dir From <u>N</u> To <u>E</u>
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		9 Top 10 Undercar 11 Load 12 Trailer		Vehicle Disposition <input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	
				Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire	
<b>B</b> Unit No. _____	No. Of Occupants _____	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent _____	
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)		
Phone No. _____	Birth Date M _____ D _____ Y _____	Age _____	Sex _____	State _____	Drivers License No. _____ Occupation _____
Owner (If Same As Driver, Write Same)			Address		Phone _____
Veh. Year _____	Make _____	Model _____	Color _____	Style _____	State _____ License Plate No. _____ Towing Service _____ Veh/Ped Dir From _____ To _____
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		9 Top 10 Undercar 11 Load 12 Trailer		Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	
				Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire	
<b>C</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	Position A   B   C   D   E   F
	Address	Phone _____		Sex _____	
<b>D</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	
	Address	Phone _____		Sex _____	
<b>E</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	
	Address	Phone _____		Sex _____	
<b>F</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	Restraints A   B   C   D   E   F
	Address	Phone _____		Sex _____	1 Not Used 2 None Available 3 Lap Belt Used 4 Lap/Shoulder Belt Used 5 Shoulder Belt Used 6 Child Safety Seat 7 Air Bag Used 8 Use Not Reported
<b>G</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	Ejection A   B   C   D   E   F
	Address	Phone _____		Sex _____	
<b>H</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
	Address	Phone _____		Sex _____	
<b>I</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____		Age _____	
	Address	Phone _____		Sex _____	
Date Report Filed M <u>09</u> D <u>14</u> Y <u>15</u>		Desk Officer's Name & Badge # <u>DEP. MARTIN, 4595</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number  
2015-86902

Describe What Happened  
Refer To Units  
By Number

DRIVER OF UNIT #1 WAS PULLING INTO THE BUSINESS PARKING LOT (MIDWEST MOLD : TEXTURES) WHEN HE TURNED A LITTLE TOO FAR TO THE LEFT. THE FRONT TRAILER TIRE AND EQUIPMENT BOX STRUCK A METER POST, CAUSING DAMAGE TO IT (ALSO TIRE RUTS IN THE GRASS).

TRAILER UNIT #1 - PLATE (IL) 287993ST; 2006 FONTAINE

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</b> 13 <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <b>One MV in Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<b>Location</b> 8 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property	
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<b>Type of Unit</b> # 1 A 10 B	<b>Pre-Crash Actions</b> A 3 B	<b>Contributing Factor</b> A 17 B								
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size  <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer  <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle  <b>Bus</b> 16 School Bus 17 Church 18 Public  <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue  <b>Other</b> 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/ Rider 30 Animal W/ Buggy 31 Bicycle 32 All Others  P = Pedestrian	<b>Driver Actions</b> 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action  <b>Traffic Control</b> A 1 B 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other  <b>Driver</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk 20 Walking in Road (With Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working on Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder  <b>Fixed Object Struck</b> A 16 B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error  <b>Truck Load</b> A 3 B 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material  <b>Truck Axles</b> A 5 B Tractor Trailer Rigs	<b>Non-Driver Factor</b> 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions  <b>Vehicle Defects</b> Code if Contributing Factor is 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table> 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects	Primary	A	B	Secondary	A	B
Primary	A	B								
Secondary	A	B								

Speed			Motorcycle Helmet Use		
Unit	Estimated	Legal	Unit	Driver	Pass
A	2	-	A		
B			B		