

**ILLINOIS TRAFFIC CRASH REPORT**

Sheet 1 of 1 Sheets



\*U110300025\*

DIAC	PELV	TRFD	TRVC	WEAT	DRVA	VS	VEH1	VEH2	LGHT	COLL	MAAN	PPA	PPL
U1	U2	U1	U1	U1	U1	U1	U1	U2	U1	U2	U1	U2	U1
1	1	1	1	1	16	16	13	99	1	16	5	2	4
U1	U2	U1	U2	U1	U1	U2	U1	U2	U1	U2	U1	U2	U1

INVESTIGATING AGENCY <b>ELMWOOD PARK POLICE</b>	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"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input checked="" type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. <b>14 6466</b>	TRPV <b>8</b>
ADDRESS NO. <b>7650</b>	HIGHWAY OR STREET NAME <b>NORTH AVE</b>	CITY <b>ELMWOOD PARK</b>	TOWNSHIP <input type="checkbox"/>	DATE OF CRASH TIME <b>07/16/14 10:57</b>	LAIS CODE <b>811000NOR</b>
LAT INTERSECTION WITH <b>77TH AVE</b>		COUNTY <b>COOK</b>	INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CIRCLE DAY OF WEEK SU MO TU WE TH FR SA	LAIS CODE <b>71650</b>

NAME <b>KIOUSSIS, JOHN G.</b>	MAKE <b>INFINITI</b>	MODEL <b>I30</b>	YEAR <b>2001</b>	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 1 2 7 9 3 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEH1 <b>0</b>
DATE OF BIRTH <b>01/94</b>	PLATE NO. <b>3NKEA31A51019560</b>	STATE <b>IL</b>	YEAR <b>10/14</b>	10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	HAZMAT SPILL COM VEH	HAZMAT SPILL COM VEH	VEH2 <b>1</b>
VEHICLE OWNER (LAST, FIRST MI) <b>SAME AS DRIVER</b>	INSURANCE CO. <b>UNITED AUTO INS.</b>	POLICY NO. <b>12AU000939052</b>	VEHICLE OWNER (LAST, FIRST MI) <b>SAME AS DRIVER</b>	INSURANCE CO. <b>UNITED AUTO INS.</b>	POLICY NO. <b>12AU000939052</b>	VEH3 <b>2</b>	VEH4 <b>2</b>

NAME <b>LEWIS, PAUL R.</b>	MAKE <b>NMV</b>	MODEL <b></b>	YEAR <b></b>	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 1 2 7 9 3 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEH5 <b>1</b>
DATE OF BIRTH <b>01/94</b>	PLATE NO. <b></b>	STATE <b></b>	YEAR <b></b>	10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	HAZMAT SPILL COM VEH	HAZMAT SPILL COM VEH	VEH6 <b>96</b>
VEHICLE OWNER (LAST, FIRST MI) <b></b>	INSURANCE CO. <b></b>	POLICY NO. <b></b>	VEHICLE OWNER (LAST, FIRST MI) <b></b>	INSURANCE CO. <b></b>	POLICY NO. <b></b>	VEH7 <b>96</b>	VEH8 <b>1</b>

UNIT	SEAT	INJURY	EJECT	NAME	ADDRESS	PHONE	EMERGENCY
W				<b>ROBERTO TREJO</b>			

UNIT 1	EVNO	INVEST	EVMT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
1							<b>14</b>	<b>30</b>
2								
3								
UNIT 2	EVNO	INVEST	EVMT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT
1								
2								
3								

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

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\*IF YES TO HAZMAT SPILL OR COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

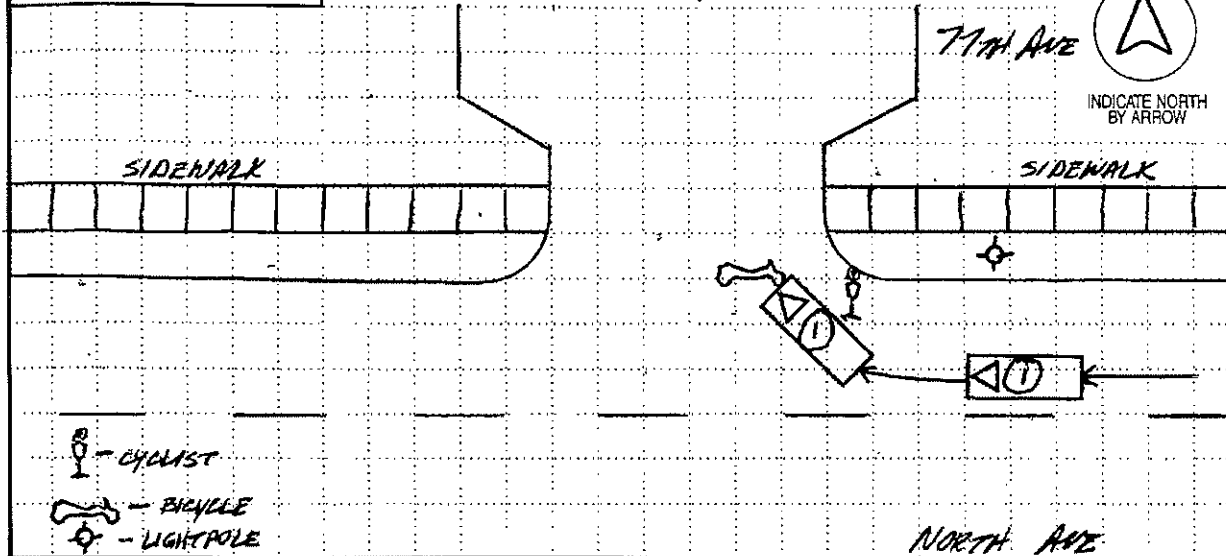
U110300025

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

COMMERCIAL MOTOR VEHICLE (CMV)

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 beyond 75 air miles from the driver's work reporting location (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).



NARRATIVE (Refer to vehicle by Unit No.)
DRIVER OF UNIT 1 STATED, WHILE TURNING RIGHT (NORTHEAST) ONTO 77TH AVE FROM WESTBOUND NORTH AVE, HE STRUCK UNIT 2 WHILE UNIT 2 TRAVELED EASTBOUND ON BICYCLE. DRIVER OF UNIT 1 STATED HE NEVER SAW UNIT 2 UNTIL HE STRUCK HIM DUE TO DIM LIGHTING. DRIVER OF UNIT 2 STATED, WHILE RIDING EASTBOUND ALONG CURB, HE WAS STRUCK BY UNIT 1. WITNESS STATED, WHILE TRAVELING EASTBOUND ON NORTH AVE, SAW UNIT 1 TURNING SLOWLY AT 77TH AVE AND THEN A BICYCLIST DOWN ON THE GROUND (CURBSIDE) BUT DID NOT SEE THE ACTUAL INCIDENT.

LOCAL USE ONLY
U1 Color GRAY U2 Color BLACK
U1 Towed by / to N/A U2 Towed by / to N/A

CARRIER NAME
ADDRESS
CITY/STATE/ZIP
USDOT NO. ILCC NO.
Source of above info. Side of Truck Papers Driver Log Book
Gross Vehicle Weight Rating (GVWR)
Were HAZMAT placards displayed on the vehicle? Yes No
if yes, name on placard
4-digit UN no. 1-digit Hazard Class no.
Did HAZMAT spill from the vehicle (do not consider fuel from the 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 Unk Out of Service? Yes No
MCS Yes No Unk Out of Service? Yes No
Form No.
IDOT PERMIT NO. WIDE LOAD? Yes No
TRAILER WIDTH(S): 0-96" 97-102" >102"
TRAILER 1 TRAILER 2
TRAILER LENGTH(S): 1 ft TRAILER 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 BACK COVER OF CRASH BOOKLET
VEHICLE CONFIGURATION
CARGO BODY TYPE LOAD TYPE

# Digital Photographs

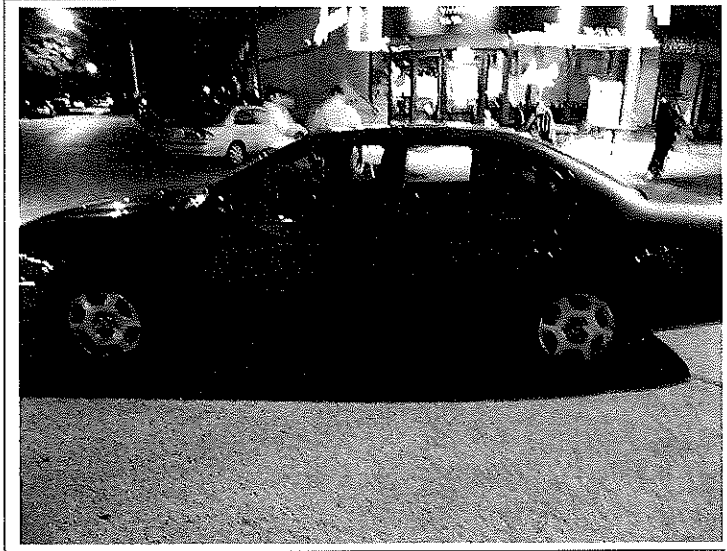


ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division



Case Report: 14-6466  
Title: Traffic Crash (Veh vs Bicyclist)  
Officer: Pavone # [REDACTED]  
Date: 07/16/14

## Photo Log



Ofcr. Michael Pavone [REDACTED]  
*M. Pavone*

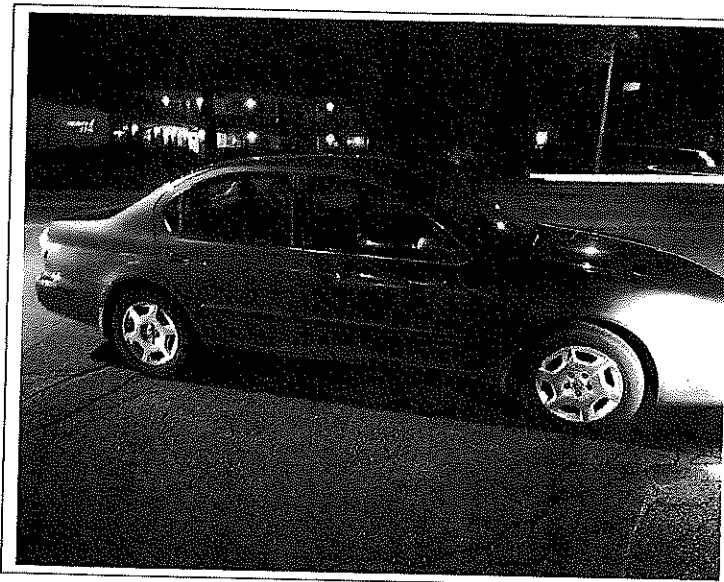
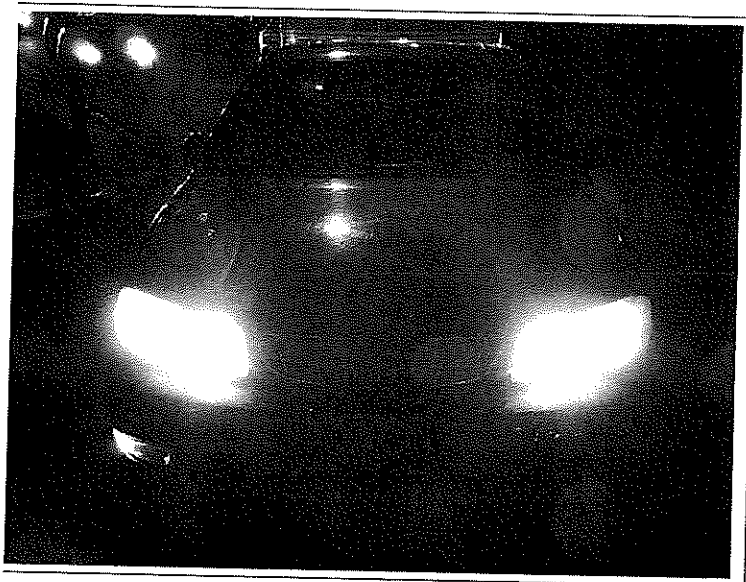
Supervisor [REDACTED]  
*[Signature]*

Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division

14-6466



Ofcr. Michael Pavone # [redacted]  
*[Signature]* # [redacted]

Supervisor  
*[Signature]* # [redacted]

Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division

14-6466



Ofcr. Michael Pavone # [redacted]

*M. P.* [redacted]

Page 3 of 8

Supervisor [redacted]

*[Signature]* [redacted]

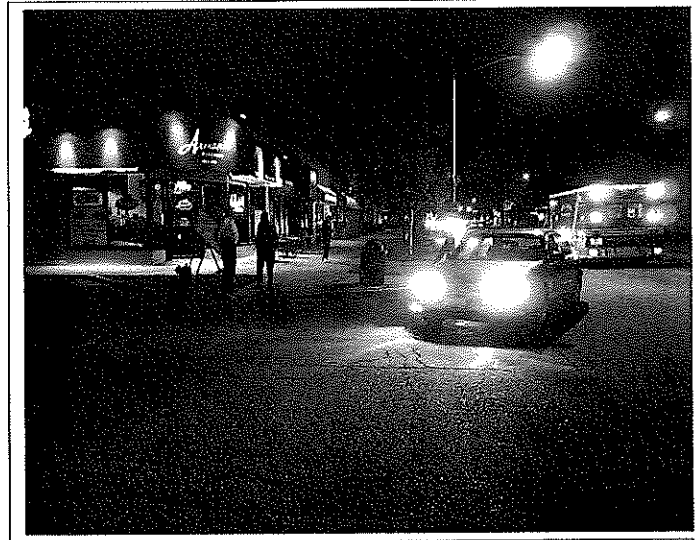
Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division



14-6466



Ofcr. Michael Pavone # [REDACTED]

*M.P.* [REDACTED]

Page 4 of 8

Supervisor [REDACTED]

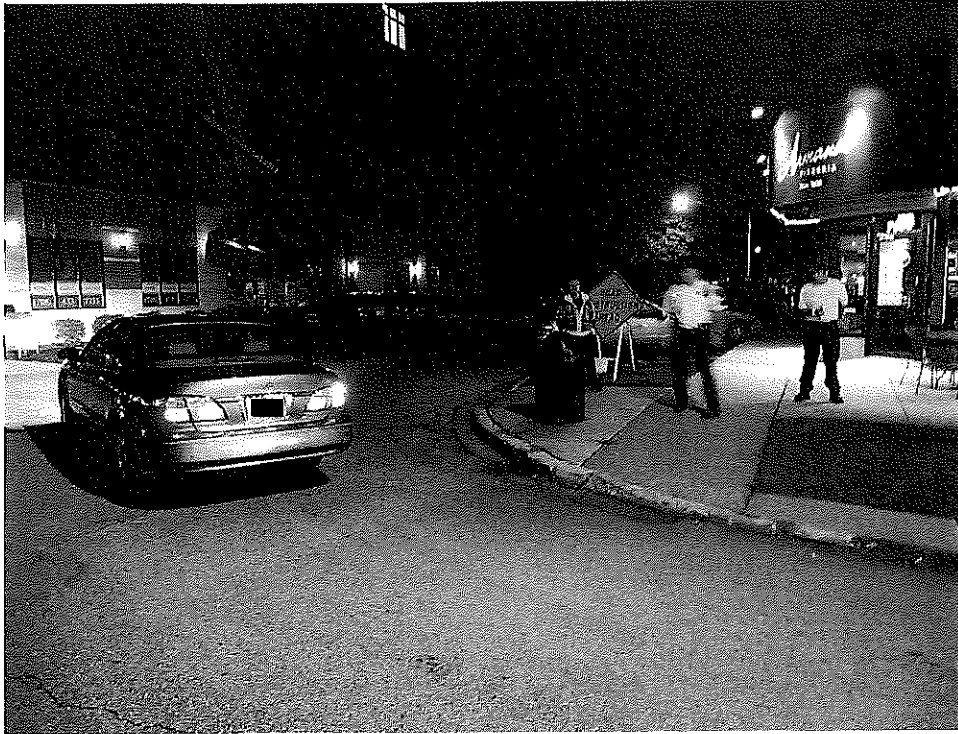
*OP* # [REDACTED]

Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division

14-6466



Ofcr. Michael Pavone [redacted]  
*M. Pavone* [redacted]

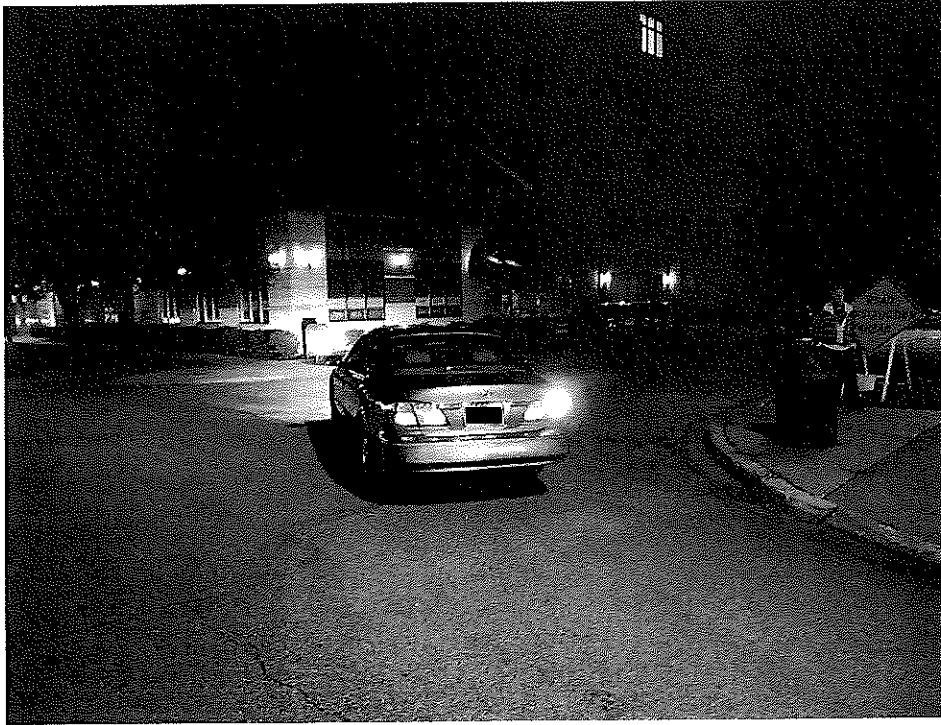
Supervisor [redacted]  
*[Signature]* [redacted]

Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division

14-6466



Oftr. Michael Pavone [redacted]

*M. P.* [redacted]

Page 6 of 8

Supervisor [redacted]

*P.* [redacted]



Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division

14-6466



Ofcr. Michael Pavone [REDACTED]

*M. Pavone* [REDACTED]

Page 7 of 8

Supervisor [REDACTED]

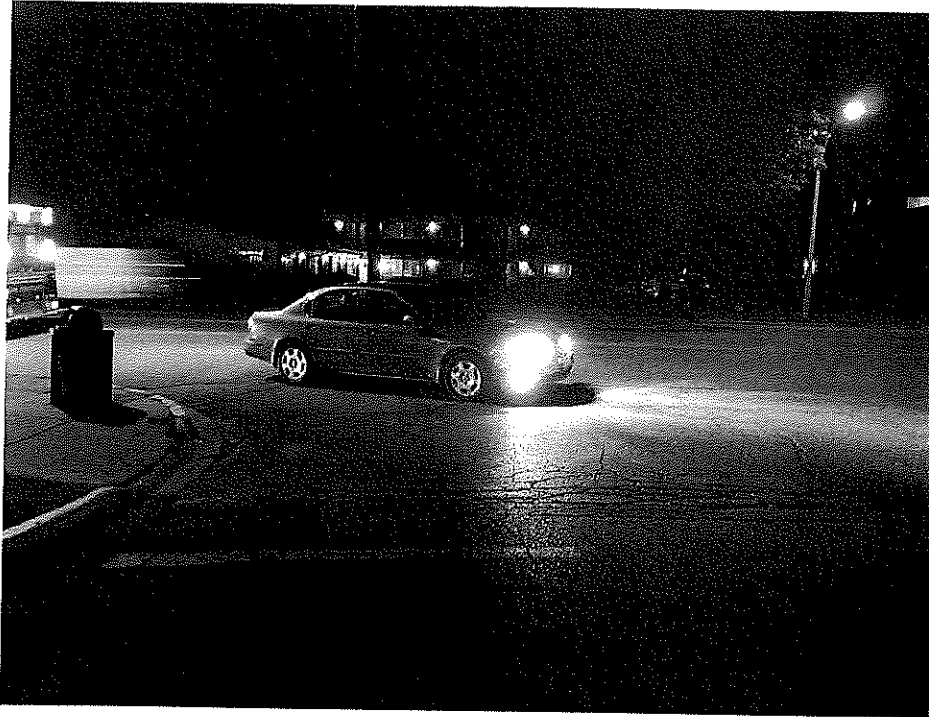
*[Signature]* [REDACTED]

Digital Photographs



ELMWOOD PARK POLICE DEPARTMENT  
Patrol Division

14-6466



Ofcr. Michael Pavone [redacted]

*[Handwritten signature]* [redacted]

Supervisor [redacted]

*[Handwritten signature]* [redacted]