



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901773003

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Local ID 201200022109

Date of Crash 02/03/2012	Day of Week Fri	Actual Local Time 11:20 PM	County PORTER	Township JACKSON	# Motor Vehicles 2	# Injured 0	# Dead 1	# Commercial Vehicles 1	# Deer 0
Road Crash Occurred On 180E			Nearest/Intersecting Road/MileMarker/Interchange 33.6		If not an intersection, number of feet from	Direction	Road Classification INTERSTATE		
Inside Corporate Limits? NO		City/Town or Nearest City/Town CHESTERTON(PORTER)			Property? OTHER	Crash Latitude 41 34.223		Crash Longitude -86 59.705	
Driver #1 BULLIS,RICKA			Driver #2 ZETINA,JULIO		Driver #3		Driver #4		

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality RURAL Light Condition DARK (NOT LIGHTED) Weather Conditions CLEAR Surface Condition DRY Type of Median DRIVABLE Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices LANE CONTROL Traffic Control Device Operational? NA			
Driver Contributing Circumstances <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Unsafe Lane Movement <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> None		Vehicle Contributing Circumstances <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input checked="" type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input type="checkbox"/> None		Environment Contributing Circumstances <input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input checked="" type="checkbox"/> None							

Total Estimate of all damage in the Crash:
OVER \$100000

Was this crash the result of aggressive driving? NO

Other Property Damage (1) SOD	State Property NO	Owner's Name and Address ITRCC 52551 ASH ROAD IN 46530
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant <input checked="" type="checkbox"/> Witness # 1 Name MARC BARKER <input type="checkbox"/> Other Participant			Non-Motorist (Last Name, First Name, MI)		
Address etc. 620 WINCHETTER AVE NANAIMO BC CANADA			Non-Motorist Type		Non-Motorist Action
Phone # 7012059774		Location at Time of Crash BEHIND V1		Apparent Physical Condition	
<input type="checkbox"/> Witness # <input type="checkbox"/> Other Participant		Name		Cited?	Direction
Address etc.			Street/Highway		
Phone #		Location at Time of Crash		Traffic Control? If yes, was traffic control operational?	

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**Type of
Crash**

HEAD ON

Time Notified	Time Arrived	Other Location of Investigation			
11:27 PM	11:38 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
ROBINSON		8353	ISP TOLL ROAD 21	NO	YES
Assisting Officer		ID No.	Agency	Date of Report	
EAGLES		8488	ISP TOLL ROAD 21	02/03/2012	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, R		8340	ISP TOLL ROAD 21	CPL OVERBEEKE	

Narrative

V1/V1a were traveling WB on I-80 at approximately the 33.6 MM, when V1a detached from V1 and traveled into the median. V1a then traveled into EB lanes and collided head on with V2/V2a/V2b. V2/V2a/V2b then traveled into the center median, across WB lanes, onto the north shoulder then into the north ditch where it came to an uncontrolled stop. V2/V2a were facing NE and V2b was facing EB. V1 came to a controlled stop on the north shoulder, V1a came to an uncontrolled stop in the center median. There was no damage done to V1. V1a was totaled. The entire left side and top was missing, cracked and dented. V2 had damage to the fender, the entire front driver side panel was missing, there was damage to the steps on the rear driver side, both driver side mirror's were missing, the hood was cracked and dented and there was a hole in the left side of the windshield where part of V1a came through. There was minor damage done to V2a. The right front mud flap holder was dented. There was no damage done to V2b.

D2 was pronounced dead on scene.

D1 stated that he "entered at the 39 entrance westbound and came up to speed merging into the first lane and continued approximately 5 miles when the trailer went out of control." D1 stated that he "let off the gas and tried to control the trailer." D1 stated that he "heard a loud noise and the trailer disappeared." D1 stated that he was not sure how the trailer went out of control. He stated that it might have blown a tire.

The tires on V1a post crash were intact. The front left tire post crash was bent off the rim a little and the rear left tire rim was dented.

Mark Rapo from Waffco stated that the hitch from V1a post crash was still in the locked position. He stated that this could indicate that the receiver hitch on V1a was larger than the ball hitch on V1. This poor fit would explain how the receiver hitch was still locked and could easily pop off the ball.

P1 stated, "I was traveling westbound in the Tollway in my 2003 Peterbilt. I saw a pickup truck pulling a trailer westbound ahead of me approximately 1/4 miles begin to lose trailer stability. It slowed dramatically as the trailer fish-tailed behind the pickup. Eventually the trailer lights went out and it separated from the tow vehicle and crossed the median of the highway into the oncoming lanes where it was struck by an eastbound tractor trailer. The lights went out on the tractor trailer. I pulled my tractor trailer to the westbound shoulder and called 911 from my cell phone. Other stopped to assist, so after 911 I used my flashlight to try and warn eastbound traffic of debris in the roadway until towing crews arrived."

Master Trooper Tom DeVries did a level 1 inspection on the UPS truck. He stated that he did not find any violations.

EMS#0320

D1 PBT .00% AT 11:59 PM (21-113)

D1 blood draw at 12:45 negative (21-118)

Porter County Coroner Jerame J. Simpson.

D1: Rick Bullis

D2: Julio Zetina

Cpl. Jones 21-111, Trooper Werner 21-234, Trooper Inczauskis 21-330, Sgt. Szymanski 21-8, Master Trooper

DeVries 6162 and Senior Trooper Quinn 6162 also assisted with the crash.

UNIT INFORMATION

901773003

Local ID
201200022109

2		Driver's Name (Last, First, MI) BULLIS, RICK, A				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 171 W CENTER IL 60191				Safety Equipment Effective? YES					
Date of Birth 06/20/1969		Age 42		Gender MALE		Ejection/Trapped NOT EJECTED OR TRAPPED			
Driver's License # B42072169175		Lic Type OP	CDL Class	Lic State IL	EMS No. 0320				
Immed Attn NO		Driver Injury Status							
Nature of Most Severe Injury		Location of Most Severe Injury							
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment				<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Test Given ALCOHOL AND DRUG		Type Given <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT							
Alcohol Results PBT .00		Certified Test <input type="checkbox"/> Pending		Drug Results NEGATIVE					
Veh# 1	Color BLACK	Vehicle Year 2003	Make CHEVROLET		Model SUBURBAN	Style SW			
# Occupants 5		Lic Year 2	License # BULLIS		License State IL				
# Axles 2	Speed Limit 70	Insured By COUNTRY PREFERRED INS			Phone Number 3098212394				
Vehicle Identification# 3GN GK26G83G129832				Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown					
Registered Owner's Name (Last, First, MI) BULLIS, RICK, A				<input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 171 W CENTER IL 60191				Vehicle Use PERSONAL (FARM, COMPANY)					
Towed? To By NO		Due to Disabling Damage		Emergency Run? Fire? NO					
1a	Lic State IN	Lic Year 2012	Registered Owner's Name (Last, First, MI) Same as Driver JKNS FARMS LLC						
License# TR492BSC		Address (Street, City, State, Zip) 3477 S 150 W							
Veh Year 2008	Make SHDO	LA PORTE IN 46350		Vehicle Type SPORT UTILITY VEHICLE					
Lic State Lic Year Registered Owner's Name (Last, First, MI) Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT							
License# Address (Street, City, State, Zip)		Direction of Travel WEST							
Veh Year Make Commercial Vehicle: Carrier's Name and Address		Type of Primary/Secondary Roadway One Way Traffic Two Way Traffic <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Private Drive <input type="checkbox"/> Two Lanes <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lanes (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)							
HAZMAT Proper Shipping Name:			State DOT#			Event Collision With 1. RAN OFF ROADWAY 2. DITCH			
US DOT#		ICC#		CMV Inspection	If Yes				
Gross Vehicle Weight Rating		Cargo Body Type							
HAZMAT Placard	HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	Hazzard Class #			3. ANOTHER MOTOR VEHICLE 4. DITCH		

UNIT INFORMATION

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Local ID
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3		Driver's Name (Last, First, MI) ZETINA, JULIO			Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 7347 W 79TH ST APT 1C BRIDGEVIEW 60455					Safety Equipment Effective? NO			
BRIDGEVIEW		IL		60455			Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 07/30/1961	Age 50	Gender MALE		EMS No. 0320	Immed Attn NO	Driver Injury Status FATAL		
Driver's License # Z35042061216		Lic Type CD	CDL Class A	Lic State IL	Nature of Most Severe Injury SEVERE BLEEDING			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment			<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None			Location of Most Severe Injury HEAD
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT						
Alcohol Results PBT		Certified <input type="checkbox"/> Pending		Drug Results				
Veh# 2	Color BROWN	Vehicle Year 2012	Make International	Model TRACTOR	Style CC			
# Occupants 1	Lic Year 2012	License # 1159144	License State IN		Initial Impact Area			
# Axles 2	Speed Limit 65	Insured By LIBERTY MUTUAL	Phone Number 7818918900		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Vehicle Identification# 1HSDSJN0CH049706				Areas Damaged (Multiples)				
Registered Owner's Name (Last, First, MI) UPS GROUND FREIGHT INC				<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown				
Address (Street, City, State, Zip) 3343 COLISEUM BLVD FORT WAYNE IN 46808				Vehicle Use COMMERCIAL(TAXIS,COMMON,CONTRACT)				
Towed? YES		To LAKE STATION By WAFFCO		Due to Disabling Damage YES		Emergency Run? NO		
2a	Lic State IN	Lic Year 2012	Registered Owner's Name (Last, First, MI) UPS GROUND FREIGHT INC			Fire? NO		
License# P150203		Address (Street, City, State, Zip) 3343 COLISEUM BLVD						
Veh Year 2007	Make GREAT DANE	FORT WAYNE		IN	46808			
Vehicle Type TRACTOR/DOUBLE TRAILER		Pre-Crash Vehicle Action GOING STRAIGHT						
2b	Lic State ME	Lic Year 2012	Registered Owner's Name (Last, First, MI) UPS GROUND FREIGHT INC			Direction of Travel EAST		
License# 8416EE		Address (Street, City, State, Zip) 3343 COLISEUM BLVD						
Veh Year 2003	Make GREAT DANE	FORT WAYNE		IN	46808			
Type of Primary/Secondary Roadway		One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic: <input type="checkbox"/> Two Lanes <input checked="" type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)						
Commercial Vehicle: Carrier's Name and Address 2 UPS GROUND FREIGHT INC 3343 COLISEUM BLVD FORT WAYNE IN 46808		Event Collision With 1. ANOTHER MOTOR VEHICLE 2. RAN OFF ROADWAY						
HAZMAT Proper Shipping Name: UPS			State DOT#		3. DITCH			
US DOT# 0000121058		ICC#	CMV Inspection YES	If Yes L1				
Gross Vehicle Weight Rating 26,001# OR MORE		Cargo Body Type VAN/ENCLOSED BOX						
HAZMAT Placard NO	HAZMAT Release of Cargo NO	HAZMAT 4-Digit ID#	Hazzard Class #					