Driver Information Exchange

INVESTIGATING AGENCY	OFFICER'S NAME / ID	AGENCY RPT NO.
[illegible]	[illegible]	[illegible]

COUNTY	CITY OR TOWNSHIP	CRASH LOCATION ADDRESS	CRASH DATE
MADISON	SALINE TWP	I 70 EWB MP [illegible]	[illegible]

Unit 1

DRIVER'S NAME (Last, First, M.I.)	DRIVER PHONE	YEAR, MAKE, MODEL	
SINGH, BHUPENDER	(216) 857-7200	2018, FREIGHTLINER, TRUCK	
DRIVER'S ADDRESS (Street, City, State, Zip)		**PLATE NO. / STATE**	**DRIVER'S LICENSE NO.**
6700 PRELL DR, BROADVIEW HEIGHTS, OH [illegible]		PWK4281 / OH	TU333073
VEHICLE OWNER'S NAME (Last, First, M.I.)		**VEHICLE OWNER'S INSURANCE COMPANY**	
SC IAJ, TRANSPORT		PROGRESSIVE	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		**VEHICLE OWNER'S POLICY NO.**	
[illegible] DR APT [illegible], NORTH ROYALTON, OH [illegible]		[illegible]	

Unit 2

DRIVER'S NAME (Last, First, M.I.)	DRIVER PHONE	YEAR, MAKE, MODEL	
[illegible]	[illegible]	[illegible], KENWORTH, TRUCK	
DRIVER'S ADDRESS (Street, City, State, Zip)		**PLATE NO. / STATE**	**DRIVER'S LICENSE NO.**
[illegible] LEILA LN SE, ATLANTA, GA 30519		P932787 / IL	[illegible]
VEHICLE OWNER'S NAME (Last, First, M.I.)		**VEHICLE OWNER'S INSURANCE COMPANY**	
KMS, EXPRESS INC		SPINNAKER INSURANCE COMPANY	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		**VEHICLE OWNER'S POLICY NO.**	
637 CHARLELA LN, ELK GROVE VILLAGE, IL 60007		SHD842290080	

Unit 3

DRIVER'S NAME (Last, First, M.I.)	DRIVER PHONE	YEAR, MAKE, MODEL	
SINGH, GURPREET	(559) 200 [illegible]	2023, FREIGHTLINER, TRUCK	
DRIVER'S ADDRESS (Street, City, State, Zip)		**PLATE NO. / STATE**	**DRIVER'S LICENSE NO.**
6100 N VALENTINE AVE 108, FRESNO, CA [illegible]		[illegible] / CA	Y7400850
VEHICLE OWNER'S NAME (Last, First, M.I.)		**VEHICLE OWNER'S INSURANCE COMPANY**	
HENRY, LOGISTIC INC		UNITED SPECIALTY INSURANCE COMPANY	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		**VEHICLE OWNER'S POLICY NO.**	
2318 KARRIE LYNN DR, BAKERSFIELD, CA [illegible]		[illegible]	

DRIVER'S NAME (Last, First, M.I.)	DRIVER PHONE	YEAR, MAKE, MODEL	
DRIVER'S ADDRESS (Street, City, State, Zip)		**PLATE NO. / STATE**	**DRIVER'S LICENSE NO.**
VEHICLE OWNER'S NAME (Last, First, M.I.)		**VEHICLE OWNER'S INSURANCE COMPANY**	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		**VEHICLE OWNER'S POLICY NO.**	

Under a recent change to Illinois Statute, completion of the Illinois Motorist Report is NO LONGER a requirement. However, pursuant to IL State Rules, any IL state employee involved in a crash in a state vehicle, is STILL required to file an Illinois Motorist Report with the Illinois Department of Transportation. A copy may be requested via email address DOT.CrashForms@illinois.gov

(RETAIN THIS FORM FOR YOUR RECORDS)

Copies of ISP Crash Reports may be obtained through www.isp.illinois.gov/CrashReports or sending a check or money order for $5 per copy made payable to: Illinois State Police, Patrol Records, 801 S 7th St, Suite 500-M, Springfield, IL 62703. Please note, requests made through the mail may take up to 3 weeks to receive.