

State Id
903824012

Local Id
202100226281

Indiana Officer's Standard Crash Report

Hit and Run ☒

Vehicles 3 Commercial 3 Injuries 0 Fatalities 0

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ISP INDIANAPOLIS 52, ORI ISP5200

| | |
|---------|---|
| Drivers | 1. RANGUELOV, VALENTIN N; 2. BUENDIA, JAMISON M; 3. UNKNOWN |
|---------|---|

| | | | | | |
|---------------|--|---|---|-------------------------------------|--|
| Crash Details | Location I-65 NB 105.7MM | | County MARION | Township PERRY | City INDIANAPOLIS |
| | Crash Date 06/30/2021 | Day of Week Wednesday | Crash Time 10:39 | Date of Report 06/30/2021 | Latitude 39.69855707 |
| | Weather Condition CLOUDY | | Light Condition DAYLIGHT | | Longitude -86.10681530 |
| | Roadway Surface ASPHALT | Surface Condition WET | Locality URBAN | | Inside Corporate Limits? YES |
| | <input type="checkbox"/> Construction Zone | Construction Type | Roadway Classification INTERSTATE | | <input type="checkbox"/> School Zone |
| | | Roadway Junction NO JUNCTION INVOLVED | Railroad Crossing # | | <input type="checkbox"/> Train or Rail Equipment |
| | | | | | <input type="checkbox"/> Rumble Strips |
| | | | | | <input type="checkbox"/> Deer |

| | | | | | |
|---------------------------|--|---|---|--|--|
| Investigative Information | Time Notified 1043 | Time Arrived 1049 | Primary Factor FOLLOWING TOO CLOSELY (Unit 1) | | Did this crash happen as a result of another incident? NO |
| | Type of Crash REAR END | Other Location of Investigation AT SCENE ONLY | | <input checked="" type="checkbox"/> Investigation Complete <input type="checkbox"/> Photos taken | Total Estimate of all damage in Crash: \$50001 TO \$100000 |
| | Investigative Officer MASSEY, JAYSON | | Agency ISP INDIANAPOLIS 52 | ID Number 8893 | |
| | Reviewing Officer | | | | |
| | Assisting Officer | | | | |
| Assisting Officer | | | | | |

| | |
|-----------|---|
| Narrative | The following was written by MASSEY, JAYSON |
| | V1 behind V2 in the third lane of four lanes northbound on I-65 near the 105.7mm in Marion County. Weather and road conditions were cloudy with wet road surface and slowing traffic flow. |
| | V2 was in front of V1 and behind V3 in the third lane northbound on I-65 near the 105.7mm in Marion County. Weather and road conditions were cloudy with wet road surface and slowing traffic flow. |
| | V3 was in front of V2 in the third lane northbound on I-65 near the 105.7mm in Marion County. Weather and road conditions were cloudy with wet road surface and slowing traffic flow. |
| | Vehicle 1, White Freightliner Columbia, slowing or stopped in traffic. Vehicle 2, White Freightliner New Cascadia 126" sleeper, slowing or stopped in traffic. Vehicle 3, Brown Semi Truck , slowing or stopped in traffic. |
| Narrative | D1 stated he was northbound on I-65 behind V2 in the third lane, as traffic came to a sudden stop in that area. D1 stated he was slowing down but could not avoid collision with V2. V1 struck V2 with its front end, causing severe and disabling damage to his vehicle. V1 was able to move to the right shoulder leaking fluids, which needed to be cleaned up by IDEM and Marion County Health Department. D1 did not request medical attention. |
| | D2 stated he was northbound on I-65 behind V3 in the third lane. D2 stated traffic came to a sudden slow down in multiple lanes. D2 stated the fourth lane was occupied by several vehicles. D2 stated he observed V1 coming up behind him very fast and attempted to pull forward but unable to move due to V3 ahead of him. D2 stated he was struck by V1 in the rear end, causing moderate damages to his trailer but also pushed his vehicle into V3, causing front end damages D2 stated he made contact with V3 driver who appeared to be a UPS employee, D3 looked at his vehicle and did not observe any damage and left the scene. |
| | D3 was unable to provide statement by not remaining on scene. D2 was able to provide a Tennessee Trailer plate by reviewing his front facing camera. |
| | I was unable to get a return on V3 trailer plate. V1 was given an inspection by CMVED. V1 needed to be towed by Hix Towing Services due to disabling damages. No EMS was requested by either drivers. |
| | |

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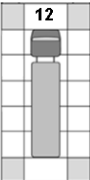
Hit and Run ☒

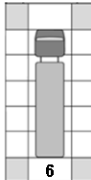
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ISP INDIANAPOLIS 52, ORI ISP5200

| | | | | |
|--|--|---|---|---|
| Unit 1 Driver | | <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Aggressive Driving | <input type="checkbox"/> Immediate Medical Attention |
| Last Name RANGUELOV | | First VALENTIN | | Middle N |
| Address 1015 CASA DR SCHAUMBURG, IL 60173 | | DOB 06/12/1960 | Age 61 | Gender M |
| Driver's License Number R524-8746-0167 | | Lic Type CD | Lic State IL | CDL Class A |
| Apparent Physical Status NORMAL | | Restrictions NONE | | |
| Test Given NONE | | Type Given | | |
| Driver Injury Status | | EMS Number | | |
| Nature of Most Severe Injury | | Location of Most Severe Injury | | |
| Safety Equipment Used LAP + HARNESS, SHOULDER BELT | | Safety Equipment Effective YES | Ejection/Trapped NOT EJECTED OR TRAPPED | |
| If Cited | IC Codes | | | |
| Vehicle Information | | | | |
| Veh # 1 | Color WHITE | Veh Year 2004 | Occupants 1 | Initial Impact Area  |
| Make FREIGHTLINER | Model COLUMBIA | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | |
| Style CONVENTIONAL CAB | | | | |
| Insured By ZURICH AMERICAN INS | | | | |
| Policy # TRK9441407-06 | Ins Phone # 800-435-0372 | | | |
| VIN 1FUJA6CKX4LM39625 | | | | |
| Plate Number 2389445 | Plate Exp Year PERM | Plate State IN | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Towed? YES | Towed Due to Disabling Damage? YES | | | |
| Company Towed By HIX WRECKER | | City Towed To INDIANAPOLIS | | Fire? NO |
| Vehicle Use COMMERCIAL(TAXIS,COMMON,CONTRACT) | | Event Collision With ANOTHER MOTOR VEHICLE | | |
| Emergency Run? | Type of Roadway M-LANE RD WITH METAL GUARDRAIL MEDIAN | Roadway Character STRAIGHT/GRADE | | |
| Direction of Travel NORTH | Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC | # of Axles 3 | | |
| Speed Limit 60 | Traffic Control Devices LANE CONTROL | Devices Operational? | | |
| Owner Information | | | | |
| Vehicle Owner's Name LANDSTAR RANGER INC | | Address (Street/City, State Zip) 1000 SIMPSON ROAD ROCKFORD, IL 61102 | | |
| Commercial Vehicle Information | | | | |
| Carrier's Name LANDSTAR RANGER INC | | Address (Street, City, State, Zip) 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 | | |
| US DOT Number 00241572 | CMV Inspection YES | | | |
| HAZMAT Placard NO | HAZMAT Proper Shipping Name | HAZMAT Release of Cargo | | |
| Gross Vehicle Weight Rating 26,001# OR MORE | Hazmat 4-digit ID | Hazmat Class # | Cargo Body Type VAN/ENCLOSED BOX | |

| | | | | |
|--|--|---|---|---|
| Unit 2 Driver | | <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Aggressive Driving | <input type="checkbox"/> Immediate Medical Attention |
| Last Name BUENDIA | | First JAMISON | | Middle M |
| Address 1239 CRESTWOOD AVE MANTECA, CA 95336 | | DOB 03/08/1970 | Age 51 | Gender M |
| Driver's License Number Y2332700 | | Lic Type CD | Lic State CA | CDL Class A |
| Apparent Physical Status NORMAL | | Restrictions CORRECTIVE LENSES | | |
| Test Given NONE | | Type Given | | |
| Driver Injury Status | | EMS Number | | |
| Nature of Most Severe Injury | | Location of Most Severe Injury | | |
| Safety Equipment Used LAP + HARNESS, SHOULDER BELT | | Safety Equipment Effective YES | Ejection/Trapped NOT EJECTED OR TRAPPED | |
| If Cited | IC Codes | | | |
| Vehicle Information | | | | |
| Veh # 2 | Color WHITE | Veh Year 2018 | Occupants 1 | Initial Impact Area  |
| Make FREIGHTLINER | Model NEW CASCADIA 126" SLEEPER | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | |
| Style CONVENTIONAL CAB | | | | |
| Insured By PROTECTIVE INS COMPANY | | | | |
| Policy # IL000022BRAVOC | Ins Phone # 800-323-9256 | | | |
| VIN 3AKJHHR2JSJN4842 | | | | |
| Plate Number PWP3757 | Plate Exp Year PERM | Plate State OH | <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Towed? NO | Towed Due to Disabling Damage? | | | |
| Company Towed By | | City Towed To | | Fire? NO |
| Vehicle Use COMMERCIAL(TAXIS,COMMON,CONTRACT) | | Event Collision With ANOTHER MOTOR VEHICLE | | |
| Emergency Run? | Type of Roadway M-LANE RD WITH METAL GUARDRAIL MEDIAN | Roadway Character STRAIGHT/GRADE | | |
| Direction of Travel NORTH | Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC | # of Axles 3 | | |
| Speed Limit 60 | Traffic Control Devices LANE CONTROL | Devices Operational? | | |
| Owner Information | | | | |
| Vehicle Owner's Name FED EX CUSTOM CRITICAL IN | | Address (Street/City, State Zip) 94 WALDOBORO RD JEFFERSON, ME 04348 | | |
| Commercial Vehicle Information | | | | |
| Carrier's Name FEDEX CUSTOM CRITICAL INC | | Address (Street, City, State, Zip) 1475 BOETTLE RD UNIONTOWN, OH 44685-9584 | | |
| US DOT Number 00164025 | CMV Inspection NO | | | |
| HAZMAT Placard NO | HAZMAT Proper Shipping Name | HAZMAT Release of Cargo | | |
| Gross Vehicle Weight Rating 26,001# OR MORE | Hazmat 4-digit ID | Hazmat Class # | Cargo Body Type VAN/ENCLOSED BOX | |

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| Unit 3 Driver | | | | <input checked="" type="checkbox"/> Hit & Run | <input type="checkbox"/> Aggressive Driving | <input type="checkbox"/> Immediate Medical Attention |
|---|--|--|--|---|---|--|
| Last Name UNKNOWN | | First | | Middle | | |
| Address | | DOB | | Age | | Gender |
| Driver's License Number | | Lic Type | | Lic State | | CDL Class |
| Apparent Physical Status UNKNOWN | | Restrictions NONE | | | | |
| Test Given NONE | | Type Given | | | | |
| Driver Injury Status | | EMS Number | | | | |
| Nature of Most Severe Injury | | Location of Most Severe Injury | | | | |
| Safety Equipment Used UNKNOWN | | Safety Equipment Effective N/A | | Ejection/Trapped NOT EJECTED OR TRAPPED | | |
| If Cited | | IC Codes | | | | |
| Vehicle Information | | | | | | |
| Veh # 3 | Color BROWN | Veh Year | Occupants 1 | Initial Impact Area | | |
| Make | | Model | | <input type="checkbox"/> Undercarriage | | |
| Style CONVENTIONAL CAB | | | | <input type="checkbox"/> Trailer | | |
| Insured By UNKNOWN | | | | <input type="checkbox"/> None | | |
| Policy # | | Ins Phone # | | <input type="checkbox"/> Unknown | | |
| VIN UNKNOWN | | | | Areas of Damage | | |
| Plate Number | | Plate Exp Year PERM | Plate State | <input type="checkbox"/> Undercarriage | | |
| Towed? NO | Towed Due to Disabling Damage? | | | <input type="checkbox"/> Trailer | | |
| Company Towed By | | City Towed To | | <input type="checkbox"/> None | | |
| Vehicle Use COMMERCIAL(TAXIS,COMMON,CONTRACT) | | Event Collision With ANOTHER MOTOR VEHICLE | | <input type="checkbox"/> Unknown | | |
| Emergency Run? | Type of Roadway M-LANE RD WTH METAL GUARDRAIL MEDIAN | | Roadway Character STRAIGHT/GRADE | | | |
| Direction of Travel NORTH | Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC | | # of Axles 3 | | | |
| Speed Limit 60 | Traffic Control Devices LANE CONTROL | | Devices Operational? | | | |
| Owner Information | | | | | | |
| Vehicle Owner's Name UPS | | Address (Street/City, State Zip) | | | | |
| Commercial Vehicle Information | | | | | | |
| Carrier's Name | | Address (Street, City, State, Zip) | | | | |
| US DOT Number | | CMV Inspection | | | | |
| HAZMAT Placard | | HAZMAT Proper Shipping Name | | HAZMAT Release of Cargo | | |
| Gross Vehicle Weight Rating | | Hazmat 4-digit ID | Hazmat Class # | Cargo Body Type | | |

| | | | | <input type="checkbox"/> Hit & Run | <input type="checkbox"/> Aggressive Driving | <input type="checkbox"/> Immediate Medical Attention |
|---------------------------------------|--------------------------------|------------------------------------|----------------------|--|---|--|
| Last Name | | First | | Middle | | |
| Address | | DOB | | Age | | Gender |
| Driver's License Number | | Lic Type | | Lic State | | CDL Class |
| Apparent Physical Status | | Restrictions | | | | |
| Test Given | | Type Given | | | | |
| Driver Injury Status | | EMS Number | | | | |
| Nature of Most Severe Injury | | Location of Most Severe Injury | | | | |
| Safety Equipment Used | | Safety Equipment Effective | | Ejection/Trapped | | |
| If Cited | | IC Codes | | | | |
| Vehicle Information | | | | | | |
| Veh # | Color | Veh Year | Occupants | Initial Impact Area | | |
| Make | | Model | | <input type="checkbox"/> Undercarriage | | |
| Style | | | | <input type="checkbox"/> Trailer | | |
| Insured By | | | | <input type="checkbox"/> None | | |
| Policy # | | Ins Phone # | | <input type="checkbox"/> Unknown | | |
| VIN | | | | Areas of Damage | | |
| Plate Number | | Plate Exp Year | Plate State | <input type="checkbox"/> Undercarriage | | |
| Towed? | Towed Due to Disabling Damage? | | | <input type="checkbox"/> Trailer | | |
| Company Towed By | | City Towed To | | <input type="checkbox"/> None | | |
| Vehicle Use | | Event Collision With | | <input type="checkbox"/> Unknown | | |
| Emergency Run? | Type of Roadway | | Roadway Character | | | |
| Direction of Travel | Pre-Crash Vehicle Action | | # of Axles | | | |
| Speed Limit | Traffic Control Devices | | Devices Operational? | | | |
| Owner Information | | | | | | |
| Vehicle Owner's Name | | Address (Street/City, State Zip) | | | | |
| Commercial Vehicle Information | | | | | | |
| Carrier's Name | | Address (Street, City, State, Zip) | | | | |
| US DOT Number | | CMV Inspection | | | | |
| HAZMAT Placard | | HAZMAT Proper Shipping Name | | HAZMAT Release of Cargo | | |
| Gross Vehicle Weight Rating | | Hazmat 4-digit ID | Hazmat Class # | Cargo Body Type | | |

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ISP INDIANAPOLIS 52, ORI ISP5200

| | | | | | | | | |
|----------|-----------------------|---|--|------------------------|-------------------------|----------------------------------|---------------------|---------------------|
| Trailers | Vehicle # 1 | Trailer Owner's Name LANDSTAR, RANGER | Address (Street/City, State Zip) 13410 SUTTON PARK DR SOUTH JACKSONVILLE, FL 32224 | Lic State IL | Lic Year 2022 | License Number T409956 | Year 2007 | Make WANC |
| | Vehicle # 2 | Trailer Owner's Name FED EX CUSTOM | Address (Street/City, State Zip) 94 WALDOBORO RD JEFFERSON, ME 04348 | Lic State ME | Lic Year 2027 | License Number 274702B | Year 2016 | Make GDAN |
| | Vehicle # 3 | Trailer Owner's Name UPS | Address (Street/City, State Zip) | Lic State TN | Lic Year | License Number 090955T | Year | Make |

| | | | |
|-----------------|----------------|-------------|--------------------------|
| Property Damage | State Property | Description | Owner's Name and Address |
| | | | |

| | | |
|---------|----------|--|
| Factors | Unit 1 : | NONE (VEHICLE),FOLLOWING TOO CLOSELY,SPEED TOO FAST FOR WEATHER CONDITIONS,ROADWAY SURFACE CONDITION |
| | Unit 2 : | NONE (VEHICLE),NONE (DRIVER),ROADWAY SURFACE CONDITION |
| | Unit 3 : | NONE (VEHICLE),NONE (DRIVER),ROADWAY SURFACE CONDITION |

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| Vehicles | Commercial | Injuries | Fatalities |
|----------|------------|----------|------------|
| 3 | 3 | 0 | 0 |

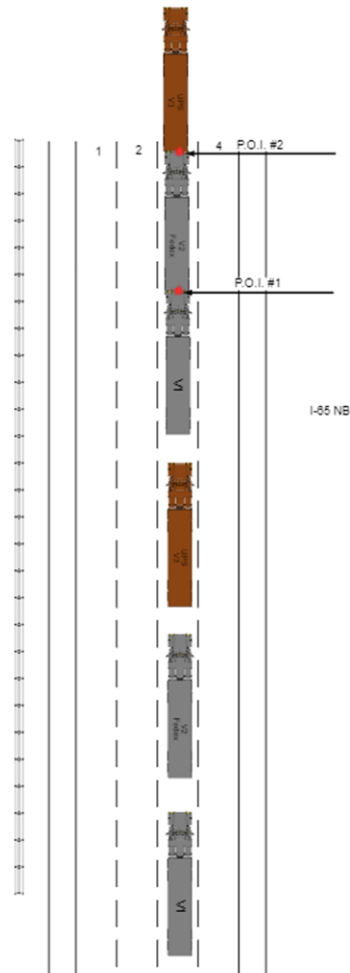
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ISP INDIANAPOLIS 52, ORI ISP5200

Crash Diagram

202100226281
I-85 NB near 105.7MM
08/30/2021 at 1039hrs
V1- White Semi
V2- White FedEx Semi
V3- Brown UPS
Trp. J. Massey
Indiana State Police
Not To Scale



End of Report