131622

Compliance & Safety Industries, Inc.

DEPT OF TRANSPORTATION

01 MAY 31 PM 2:31

3510 Calumet Ave.
Hammond, IN 46320
P.O. Box 583
Hammond, IN 46325-0583

Phone 219-932-8824
Fax 219-932-8909
Email www.csi-jbmail.com

April 30, 2001

Chief Safety Officer
Federal Motor Carrier Safety Administration
400 Seventh Street S.W.
Washington, D.C. 20590
Attn.: Mr. Steve Farbman

FMCSA-2001-9820-1

Dear Steve,

On behalf of our client Lagastee Brothers, Inc. of South Holland, IL, Compliance & Safety Industries, Inc. (CSI) is requesting the removal of 1 recordable accident from Lagastee Brothers, Inc. carrier profile. The motive for this action is to remain in compliance with FMCSR 385.5 as well of 385.7(f). By removing this recordable accident from Lagastee Brothers, Inc. carrier profile the accident rate per million miles will decrease Factor 6 (accident factor).

At the request of Lagastee Brothers, Inc. CSI has conducted a accident review of the 1 accident(s) on Lagastee Brothers, Inc. carrier profile. The driver involved in this recordable accident is Jack Hoestra, date of accident is 1/8/01. The in-depth review was conducted by CSI's accident review board (CSI's accident review board consists of James R. Plyman Chairman and Jack Brzeszkiewicz Counselor). The results of the review boards findings are 1 of the recordable accident(s) was found to be non-preventable.(copies of the police accident report, driver(s) accident report and the CSI accident review board findings are enclosed).

Should a question arise please telephone me at 800-747-8817

Sincerely,

Jack Brzeszkiewicz
CSI

ACCIDENT REVIEW FORM

Compliance & Safety Industries, Inc.
Safety Management Services
3510 Calumet Ave, Hammond In. 46320

CSI Safety Management Services Clientele, and users of CSI Safe Driving Awards program may request a review of the preventability of an accident. In any case where the driver cannot be convinced that the determination made by the company safety Department Service level (CSI) is correct. The review request must be made in writing and a copy sent to CSI along with all pertinent information listed below. The use of attachments shall be minimized. All information must be legible to permit reproduction and distribution to the review boaed.

CASE SUBMITTED BY: Barney (Supervisor) Lagastee Brothers, Inc. (Company) 4/30/01 (Date)

330 Taft (Street Address) South Holland, IL (City) 60473 (State) (Zip)

FOR REVIEW BOARD USE ONLY

You should use the CSI Awards and DOT Countermeasures" Guide to Determining Preventability of Accidents" and National Standards Method of Recording and Measuring Motor Vehivle Fleet Accident Experience to assist in reaching a decision.

Please review the enclosed accident data and make your report on preventability for Our recording keeping and accident loss controll services to our clientele. (Date) 1/8/01 .

DECISION: _____ PREVENTABLE X NON-PREVENTABLE

BASIS FOR DECISION Driver of vehicle #1 failed to yield to vehicle #2 while driving in store parking lot.

Signature

---

1. Date of Accident 1/8/01 Time 08:24 Location Homewood, IL
2. Type of Accident Collision
   (Coll. with other vehicle, Ran off Road, Stationary Obj., etc.)
3. Description of Property Damage _____

   If no property damage, was there injury or death? _____ Yes X No
4. Company Equipment: Truck _____ Tractor-Semitrailer _____ Twin Trailer _____

   Type of Body _____ Cargo _____ Empty _____

   Year _____ Make _____ Model _____
5. Other Vehicle: Car _____ Truck _____ Combination _____ Bus _____ Other _____

   Year _____ Make _____ Model _____

5. Road: No. of Lanes_____; Divided_____ Undivided_____; Uphill or Downhill_____

Level_____ Curve-R_____L_____Type Pavement_____Condition_____

6. Traffic Control Governing Vehicle 1_____

Traffic Control Governing Other_____

7. Posted Speed Limit_____Est. Speed Veh 1_____Est. Speed Other_____

Distance at which your Driver first recognized danger_____

8. Weather Conditions_____Light Conditions_____

9. Company's reason for determining accident preventable:

10. Detailed Diagram of Accident Scene:

Instructions for Accident Diagram

Fill in dotted lines to correspond with road at accident site. Show position of all vehicles, pedestrians, etc as follows.

Your vehicle (1)

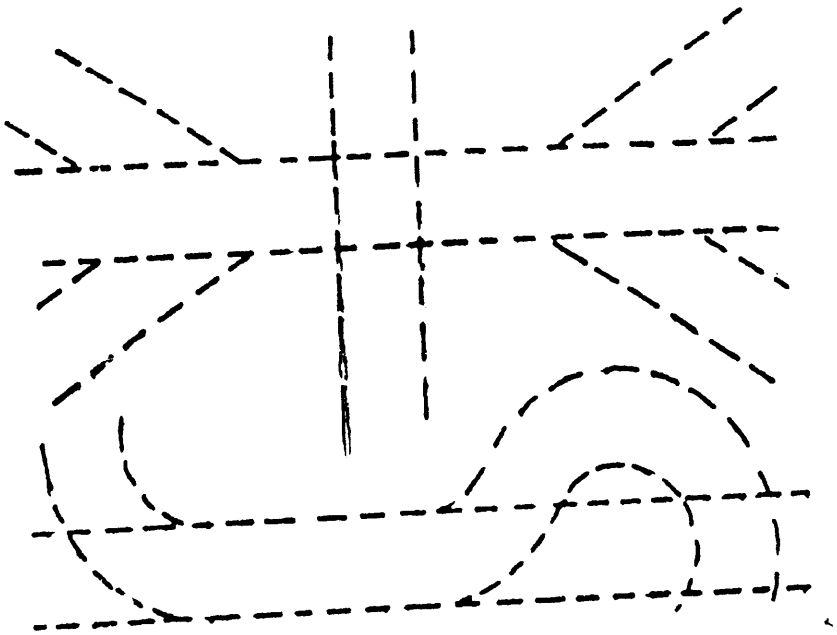
Other vehicle(s) (2) numbered successively.

Pedestrian Traffic signal

Traffic sign (indicate type)

Direction of Travel: Your Veh. (#1) _____ Other _____

- ☐ Not at Intersection
- ☐ Street Intersection
- ☐ Drive or Alley
- ☐ Crosswalk
- ☐ Bridge-Overpass
- ☐ Underpass
- ☐ Private property
- ☐ Other off-street



11. Driver's Statement of What Happened:

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

4201369

DRAC U1	DRAC U2	PEDV	TRFD	TRFC	WEAT	DRVA U1	DRVA U2	VIS U1	VIS U2	VEHD U1	VEHD U2	LGHT	COLL	MANV U1	MANV U2	PPA	PPL
9	J	X	1	1	1	1	1	1	1	1	1	1	15	1	1	X	X

INVESTIGATED BY: HOMEWOOD POLICE

TYPE OF REPORT: [X] ON-SCENE [ ] NOT ON-SCENE [ ] SUPPLEMENTARY

[ ] A No Injury / Drive Away

[X] B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: 01 (YR) 01-0351-01

ADDRESS NO. (OPTIONAL): 2345

HIGHWAY or STREET NAME: 183 ST (P-lot)

CITY/TOWNSHIP (CIRCLE): HOMEWOOD

INTERSECTION RELATED [ ] Yes [X] No

PRIVATE PROPERTY [X] Yes [ ] No

HIT & RUN [ ] Yes [X] No

DATE OF CRASH: 01/08/01 (mo day yr)

TIME: 8:24 [X] AM [ ] PM

LARS CODE

[ ] ____ FT / MI N E S W (CIRCLE) (CIRCLE)

[ ] AT INTERSECTION WITH X (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: COOK

ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500 [X] Yes [ ] No

NO. MOTOR VEHICLES INVLD: 2

LARS CODE

UNIT 1

NAME (LAST, FIRST, M.I.): LIESER CYRIL F [X] DRIVER [ ] PED [ ] PEDAL [ ] EQUES [ ] NMV [ ] NCV

DATE OF BIRTH: 5/02/16 (mo day yr)

MAKE: BUICK MODEL: ROADMASTER YEAR: 1992

STREET ADDRESS: 18513 DIXIE HWY

SEX: M SAFT: 2 AIR: X

PLATE NO.: VC 1482 STATE: IL YEAR: 02-01

CITY: HOMEWOOD STATE: IL ZIP: 60430

INJURY: 0 EJECT: 1

VIN: 1G4RN5372NR457102

TELEPHONE: (708) 206-0735

DRIVER LICENSE NO.: L260106126 STATE: IL CLASS: D

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 1

TOWED DUE TO DAMAGE: [X] Y [ ] N; OTHER [ ] [X]; FIRE [ ] [X]; HAZ MAT. [ ]* [X]; COM VEH. [ ]* [X]

TAKEN TO: SOUTH SUBURBAN HOSPITAL

EMS AGENCY: HOMEWOOD FD

VEHICLE OWNER (LAST, FIRST M.I.): SAME AS DRIVER

INSURANCE CO.: ST. PAUL / ECONOMY

OWNER ADDRESS (street, city, state, zip): X

TELEPHONE: X

POLICY NO.: C001272733-P

UNIT 2

NAME (LAST, FIRST, M.I.): HOEKSTRA JACK A. [X] DRIVER [ ] PED [ ] PEDAL [ ] EQUES [ ] NMV

DATE OF BIRTH: 11/24/46 (mo day yr)

MAKE: PETERBUILT MODEL: TRACTOR YEAR: 1989

STREET ADDRESS: 17530 BERNADINE

SEX: M SAFT: 2 AIR: X

PLATE NO.: P29705 STATE: IL YEAR: 0000

CITY: LANSING STATE: IL ZIP: 60438

INJURY: 0 EJECT: 1

VIN: 1XPDA9X9KN280475

TELEPHONE: (708) 895-4303

DRIVER LICENSE NO.: H236421463 34 STATE: IL CLASS: CDL

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN

POINT OF FIRST CONTACT: 3

TOWED DUE TO DAMAGE: [ ] Y [X] N; OTHER [ ] [X]; FIRE [ ] [X]; HAZ MAT. [ ]* [X]; COM VEH. [ ]* [X]

TAKEN TO: X

EMS AGENCY: X

VEHICLE OWNER (LAST, FIRST M.I.): LAGASTEE BROTHERS PARTNERSHIP

INSURANCE CO.: SOCIETY INS CO

OWNER ADDRESS (street, city, state, zip): 330 TAFT SOUTH HOLLAND IL 60473

TELEPHONE: (708) 596-3166

POLICY NO.: CAP390287

[UNIT]	[SEAT]	[DOB]	[SEX]	[SAFT]	[AIR]	[INJ]	[EJCT]	[NAME] / [ADDR] / [TEL]	[HOSP]	[EMS]
		/ /								
		/ /								
		/ /								
		/ /								
		/ /								

	[EVNO]	[MOST]	[EVNT]	[LOC]
UNIT 1	1	6	11	5
	2	[ ]		
	3	[ ]		
UNIT 2	1	6	11	5
	2	[ ]		
	3	[ ]		

DAMAGED PROPERTY OWNER NAME: X

DAMAGED PROPERTY: X

PROPERTY OWNER ADDRESS: X CITY STATE ZIP

ARREST NAME: X SECTION CITATION NO.

ARREST NAME: X SECTION CITATION NO.

OFFICER ID.: 450 SIGNATURE: D. Owens BEAT / DIST.: 03 SUPERVISOR ID: M.J. Nickolaou 407

P0198

DATE POLICE NOTIFIED: Oct 1 01 TIME NOTIFIED: 8:24 [X] AM [ ] PM

COURT DATE: X COURT TIME: X [ ] AM [ ] PM

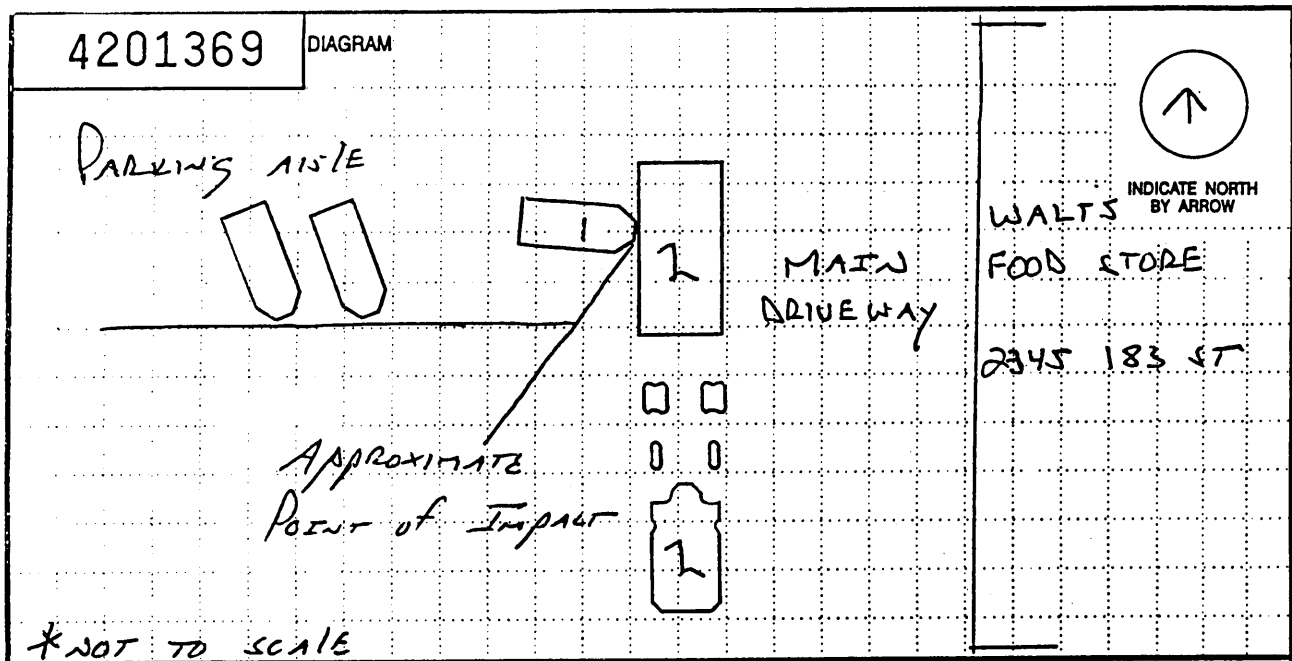
*IF YES, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

TRFW 7 | VEHT U1 1 | U2 7 | NO. LANES X | ALGN 1 | RSUR 1 | VEHU U1 2 | U2 19 | RDEF 1 | BAC U1 X | U2 X | NO. OCCS U1 1 | U2 1 | DIRP U1 3 | U2 5

Printed by authority of the State of Illinois

SR 1050 400M (REV. 1/96) IL 494-0736

4201369 DIAGRAM



*NOT TO SCALE

NARRATIVE (Refer to vehicle by Unit No.)

UNIT 2, A SEMI TRUCK, WAS TRAVELING S/B THRU THE MAIN DRIVEWAY OF THE PARKING LOT LOCATED AT 2345 183 ST. UNIT 1, A PASSENGER CAR WAS TRAVELING E/B THRU THE LOT IN A PARKING AISLE. AS UNIT 2 PASSED THE MAIN ENTRANCE TO THE STORE UNIT 2 WAS STRUCK IN THE RIGHT REAR TRAILER TIRE by UNIT 1. WHICH HAS FAILED TO YIELD.

OFFICER DID NOT WITNESS

UNIT 2 TRAILER LICENSE PLATE NUMBER IS 86017 S

VIN - 1PT02DRH4D9003172

LOCAL USE ONLY

U1 Color GRAY | U2 Color X

U1 Towed by / to STAT / 16510 CRAWFORD TINLEY PARK IL | U2 Towed by / to X

COMMERCIAL VEHICLE — UNIT NO. 2

CARRIER NAME LAGASTEE BROS
ADDRESS 330 W TAFT DR
SOUTH HOLLAND IL 60473
CITY STATE ZIP

SOURCE: ☐ Side of truck ☒ Papers ☒ Driver ☐ Log book

ID NUMBER: US DOT 356177 or State No. ____ | GVWR UNK | ICCMC ____ State Name ____ ☐ None

HAZARDOUS MATERIALS: If Yes: 4-Digits ____ 1-Digit ____ | PLACARDED? ☒ Yes ☐ No or Name ____

	Y	N	Unk
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	☐	☐	
Violation of HAZMAT regs. contribute to crash?	☐	☐	☐
Violation of MCS regs. contribute to crash?	☐	☐	☐

Inspection form completed? Form No. ____

	Y	N	Unk	Out of Service? Y	Out of Service? N
- HAZMAT	☐	☐	☐	☐	☐
- MCS	☐	☐	☐	☐	☐

IDOT PERMIT # ____ | WIDE LOAD Y ☐ N ☐

TRAILER WIDTH(S): Trailer 1 0-96" ☐ 97-102" ☐ Over 102" ☐; Trailer 2 0-96" ☐ 97-102" ☒ Over 102" ☐

TRAILER LENGTH(S) - ft: Trailer 1 ____ Trailer 2 45

VEHICLE LENGTH (TOTAL) - ft: 60

NO. OF AXLES: —

☐ IN CITY OF / ☐ NEAREST CITY: ____ Miles N E S W of: (Circle)

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION ____ CARGO BODY TYPE ____ LOAD TYPE ____

COMMERCIAL VEHICLE — UNIT NO. ____

CARRIER NAME ____
ADDRESS ____
CITY STATE ZIP

SOURCE: ☐ Side of truck ☐ Papers ☐ Driver ☐ Log book

ID NUMBER: US DOT ____ or State No. ____ | GVWR ____ | ICCMC ____ State Name ____ ☐ None

HAZARDOUS MATERIALS: If Yes: 4-Digits ____ 1-Digit ____ | PLACARDED? ☐ Yes ☐ No or Name ____

	Y	N	Unk
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	☐	☐	
Violation of HAZMAT regs. contribute to crash?	☐	☐	☐
Violation of MCS regs. contribute to crash?	☐	☐	☐

Inspection form completed? Form No. ____

	Y	N	Unk	Out of Service? Y	Out of Service? N
- HAZMAT	☐	☐	☐	☐	☐
- MCS	☐	☐	☐	☐	☐

IDOT PERMIT # ____ | WIDE LOAD Y ☐ N ☐

TRAILER WIDTH(S): Trailer 1 0-96" ☐ 97-102" ☐ Over 102" ☐; Trailer 2 0-96" ☐ 97-102" ☐ Over 102" ☐

TRAILER LENGTH(S) - ft: Trailer 1 ____ Trailer 2 ____

VEHICLE LENGTH (TOTAL) - ft: ____

NO. OF AXLES: ____

☐ IN CITY OF / ☐ NEAREST CITY: ____ Miles N E S W of: (Circle)

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION ____ CARGO BODY TYPE ____ LOAD TYPE ____