

ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets

PROOF



P0113

A234567890

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1	U2				U1	U2	U1	U2		U1	U2	

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT	AGENCY CRASH REPORT NO.	TRFW
ADDRESS NO.	HIGHWAY or STREET NAME	INTERSECTION RELATED	DATE OF CRASH	VEHT
(CIRCLE) FT / MI N E S W		PRIVATE PROPERTY	DOORING WITH	U1
AT INTERSECTION WITH		HIT & RUN	PEDALCYCLIST?	U2

UNIT 1

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S)	FRONT	TOWED	Y	N	NO. LANES
STREET ADDRESS	SEX	PLATE NO.	STATE	YEAR	FOR DAMAGED AREA(S)	9	DUE TO CRASH			ALGN
CITY	INJURY	VIN	VEHICLE OWNER	INSURANCE CO.	10 - UNDER CARRIAGE	REAR	FIRE			RSUR
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER	11 - TOTAL (ALL AREAS)		CELLPHONE			VEHU
TAKEN TO	EMS AGENCY	OWNER ADDRESS	TELEPHONE	POLICY NO.	12 - OTHER		EXCEED			U1

UNIT 2

NAME	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S)	FRONT	TOWED	Y	N	U2
STREET ADDRESS	SEX	PLATE NO.	STATE	YEAR	FOR DAMAGED AREA(S)	9	DUE TO CRASH			RDEF
CITY	INJURY	VIN	VEHICLE OWNER	INSURANCE CO.	10 - UNDER CARRIAGE	REAR	FIRE			BAC
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER	11 - TOTAL (ALL AREAS)		CELLPHONE			U1
TAKEN TO	EMS AGENCY	OWNER ADDRESS	TELEPHONE	POLICY NO.	12 - OTHER		EXCEED			U2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
		/ /									
		/ /									
		/ /									
		/ /									
		/ /									

(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE?
1				PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY		IF YES CHECK ONE BELOW:
2				ARREST NAME	SECTION CITATION NO.	SECONDARY		<input type="checkbox"/> CONSTRUCTION
3				ARREST NAME	SECTION CITATION NO.			<input type="checkbox"/> MAINTENANCE
1				OFFICER ID.	SIGNATURE	DATE POLICE NOTIFIED	TIME NOTIFIED	<input type="checkbox"/> UTILITY
2				BEAT / DIST.	SUPERVISOR ID.	mo / day / yr	: : AM PM	<input type="checkbox"/> UNKNOWN WORK ZONE TYPE
3						COURT DATE	COURT TIME	WORKERS PRESENT?
						mo / day / yr	: : AM PM	<input type="checkbox"/> Y <input type="checkbox"/> N

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

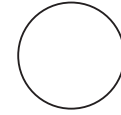
*IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

SR 1050 JANUARY 2013

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XXXXXXXXXX

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



INDICATE NORTH BY ARROW

Dotted grid area for drawing a diagram of the crash scene.

NARRATIVE (Refer to vehicle by Unit No.)

Text area for providing a narrative description of the crash event.

LOCAL USE ONLY

U1 Color _____ U2 Color _____

U1 Towed by / to _____ U2 Towed by / to _____

PROOF

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 designated to transport between 9 and 15 passengers, including the driver, for direct compensation (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).

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? Y N

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)? Y N UNK

Did HAZMAT Regulations violation contribute to the crash? Y N UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?
HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y N

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 _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

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B1A



B1A

PROOF



A234567890

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

Mail this report to
Illinois Department of Transportation
Crash Records Section
1340 North 9th Street
Springfield, Illinois 62766-0002

For a copy of the Police
Report contact the
investigating agency.

ILLINOIS MOTORIST REPORT

INVESTIGATING AGENCY		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY		<input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO.	
ADDRESS NO. (OPTIONAL)		HIGHWAY or STREET NAME		<input type="checkbox"/> City <input type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH mo / day / yr		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
(CIRCLE) _____ FT / MI N E S W		(CIRCLE) _____		COUNTY		PRIVATE PROPERTY <input type="checkbox"/> Y <input type="checkbox"/> N		DOORING WITH <input type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD	
<input type="checkbox"/> AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN <input type="checkbox"/> Y <input type="checkbox"/> N		PEDALCYCLIST? <input type="checkbox"/> Y <input type="checkbox"/> N		LARS CODE		LARS CODE			

UNIT 1 Printed by authority of the State of Illinois	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV		DATE OF BIRTH mo / day / yr		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S)		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		FIRE <input type="checkbox"/> Y <input type="checkbox"/> N		CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N		EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N		COM VEH <input type="checkbox"/> * <input type="checkbox"/> N		* IF YES SEE SIDEBAR	
	(LAST, FIRST, MI) STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR		PLATE NO.		STATE		YEAR																	
	CITY		STATE		ZIP		INJURY		EJECT		VIN															
	TELEPHONE		DRIVER LICENSE NO.		STATE		CLASS		VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.															
	TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.																	

UNIT 2	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV		DATE OF BIRTH mo / day / yr		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S)		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		FIRE <input type="checkbox"/> Y <input type="checkbox"/> N		CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N		EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N		COM VEH <input type="checkbox"/> * <input type="checkbox"/> N		* IF YES SEE SIDEBAR	
	(LAST, FIRST, MI) STREET ADDRESS		SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR		PLATE NO.		STATE		YEAR																	
	CITY		STATE		ZIP		INJURY		EJECT		VIN															
	TELEPHONE		DRIVER LICENSE NO.		STATE		CLASS		VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.															
	TAKEN TO		EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE		POLICY NO.																	

Was driver (owner) of other vehicle insured? YES NO NOT KNOWN
 Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square.

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES NO APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ _____

LIST PERSONS KILLED OR INJURED				UNIT	AGE	SEX	ADDRESS
NAME							ADDRESS
DESCRIBE INJURIES							
NAME							ADDRESS
DESCRIBE INJURIES							
NAME							ADDRESS
DESCRIBE INJURIES							
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES				APPROXIMATE COST TO REPAIR		PROPERTY OWNERS NAME	
				\$ _____		PROPERTY OWNERS ADDRESS	

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? YES NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

Name and address of representatives who sold policy.

Policy Number

Policy Period

From: _____ To: _____

Name of Policy Holder



M0113

Mail this report to
 Illinois Department of Transportation
 Crash Records Section
 1340 North 9th Street
 Springfield, Illinois 62766-0002

SR 1 JANUARY 2013
 SIGN HERE _____ ADDRESS _____ DATE _____
 Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM



DIAGRAM WHAT HAPPENED INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.



3. Use solid line to show path before crash:
- dotted line after crash:
4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

THIS REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A \$500 FINE AND A 30-DAY SENTENCE.

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of \$1,500 (or, \$500 if any driver is not insured) or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of the potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any person's right to sue to recover damages.)

(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide your **USDOT** number below:

USDOT number

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?

YES NO

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

LEGAL REQUIREMENTS

As the driver of a motor vehicle involved in a traffic crash causing death, injury, or damage to any one person's vehicle or property exceeding **\$1,500**, you must complete and submit this report.

However, if you or any other driver in the same crash **does not have insurance**, you must complete and submit this report if damage to any one person's vehicle or property is over **\$500**.

In either case, your report must be completed and submitted within 10 days after the crash.

If a driver is physically incapable of completing this report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. **PRINT ALL NAMES AND ADDRESSES.**
2. **Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."**
3. **The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.**
4. **Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.**
5. **SIGN THE REPORT in the space at the bottom of the front side of this report form.**

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

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