

ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets



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 <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.		TRFW	
ADDRESS NO.		HIGHWAY or STREET NAME				<input type="checkbox"/> City <input type="checkbox"/> Township		INTERSECTION RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF CRASH mo / day / yr		TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT	
(CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)						COUNTY			PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No		CIRCLE DAY OF WEEK SU MO TU WE TH FR SA		NUMBER MOTOR VEHICLES INVLD		LARS CODE		U1
									HIT & RUN <input type="checkbox"/> Yes <input type="checkbox"/> No						U2		

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UNIT 1	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED - NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV		DATE OF BIRTH mo / day / yr		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT				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"/> <input type="checkbox"/> HAZMAT SPILL COM VEH <input type="checkbox"/> * <input type="checkbox"/>		NO. LANES
	(LAST, FIRST, MI) STREET ADDRESS				SEX	SAFT	AIR	PLATE NO.		STATE		YEAR						ALGN	
	CITY			STATE		ZIP		INJURY		EJECT		VIN				RSUR			
	TELEPHONE		DRIVER LICENSE NO.			STATE		CLASS		VEHICLE OWNER (LAST, FIRST M.I.)				INSURANCE CO.		VEHU			
	TAKEN TO			EMS AGENCY			OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE		POLICY NO.		U1				

UNIT 2	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED - NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV		DATE OF BIRTH mo / day / yr		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT				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"/> <input type="checkbox"/> HAZMAT SPILL COM VEH <input type="checkbox"/> * <input type="checkbox"/>		U2
	(LAST, FIRST, MI) STREET ADDRESS				SEX	SAFT	AIR	PLATE NO.		STATE		YEAR						RDEF	
	CITY			STATE		ZIP		INJURY		EJECT		VIN				BAC			
	TELEPHONE		DRIVER LICENSE NO.			STATE		CLASS		VEHICLE OWNER (LAST, FIRST M.I.)				INSURANCE CO.		U1			
	TAKEN TO			EMS AGENCY			OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE		POLICY NO.		U2				

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

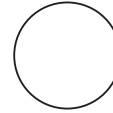
UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME				DAMAGED PROPERTY				CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	*P0109*		
	1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS				CITY STATE ZIP				PRIMARY					
	2	<input type="checkbox"/>			ARREST NAME				SECTION		CITATION NO.		SECONDARY					
UNIT 2	(EVNO)	(MOST)	(EVNT)	(LOC)	ARREST NAME				SECTION		CITATION NO.		DATE POLICE NOTIFIED		TIME NOTIFIED			
	1	<input type="checkbox"/>			OFFICER ID.				SIGNATURE		BEAT / DIST.		SUPERVISOR ID.		mo / day / yr		: : <input type="checkbox"/> AM <input type="checkbox"/> PM	
	2	<input type="checkbox"/>											COURT DATE		COURT TIME			
	3	<input type="checkbox"/>											mo / day / yr		: : <input type="checkbox"/> AM <input type="checkbox"/> PM			

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

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

XXXXXXX

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

Large 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 _____

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 designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (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? Yes No

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)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?
HAZMAT Yes No Unk Out of Service? Yes No
MCS Yes No Unk Out of Service? Yes No
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Yes No

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 _____

CRASH LOCATION: CITY OF OR NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____



COMPLETE BOTH SIDES OF THIS FORM

Use black ink

Mail This Report to Illinois Department of Transportation Crash Records Section 3215 Executive Park Drive Springfield, Illinois 62766-0001

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



ILLINOIS MOTORIST REPORT

Main form containing fields for Investigating Agency, Damage to Property, Type of Report, Date of Crash, and details for two vehicles (Unit 1 and Unit 2).

Printed by authority of the State of Illinois

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 \$

Table with columns for Name, Unit, Age, Sex, and Address, used for listing persons killed or injured.

SIGN HERE ADDRESS DATE

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



M0109

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SR 1 JANUARY 2009

