

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

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

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

ILLINOIS MOTORIST REPORT

INVESTIGATING AGENCY	TYPE OF REPORT <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE <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. YR
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ADDRESS NO. (OPTIONAL)	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
(CIRCLE) <input type="checkbox"/> FT / MI N E S W	(CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH	COUNTY	PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY SINGLE VEHICLE PROPERTY DAMAGED OVER \$500 <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER MOTOR VEHICLES INVLD	LARS CODE

UNIT 1	NAME (LAST, FIRST, M.I.)	<input type="checkbox"/> 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 01 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH Y <input type="checkbox"/> N <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	HAZMAT <input type="checkbox"/> <input type="checkbox"/>	SPILL <input type="checkbox"/> <input type="checkbox"/>	COM VEH <input type="checkbox"/> <input type="checkbox"/>
	STREET ADDRESS	SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR	PLATE NO.	STATE	YEAR	YEAR	POINT OF FIRST CONTACT						
	CITY	STATE	ZIP	INJURY	EJECT	VIN	INSURANCE CO.						
	TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)								

UNIT 2	NAME (LAST, FIRST, M.I.)	<input type="checkbox"/> 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	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH Y <input type="checkbox"/> N <input type="checkbox"/>	FIRE <input type="checkbox"/> <input type="checkbox"/>	HAZMAT <input type="checkbox"/> <input type="checkbox"/>	SPILL <input type="checkbox"/> <input type="checkbox"/>	COM VEH <input type="checkbox"/> <input type="checkbox"/>
	STREET ADDRESS	SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR	PLATE NO.	STATE	YEAR	YEAR	POINT OF FIRST CONTACT						
	CITY	STATE	ZIP	INJURY	EJECT	VIN	INSURANCE CO.						
	TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)								

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			
NAME	UNIT	AGE	SEX
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? <input type="checkbox"/> YES <input type="checkbox"/> 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



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Accident Records Section
3215 Executive Drive
Springfield, Illinois 62766-0001

SIGN HERE
Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

CIRCLE THE DAY OF THE WEEK CRASH OCCURRED. Sun Mon Tue Wed Thu Fri Sat



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.

YOUR 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 \$500 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.)

DIAGRAM

Grid area for drawing the diagram of the crash scene.

NARRATIVE (Refer to vehicle by Unit No.)

Grid area for writing the narrative description of the crash.

LEGAL REQUIREMENTS

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$500 must complete this report within 10 days after the crash.

If the driver is physically incapable of completing the 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" or "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.

SAMPLE

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