

# ILLINOIS TRAFFIC CRASH REPORT

Sheet \_\_\_ of \_\_\_ Sheets

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

INVESTIGATING AGENCY	TYPE OF REPORT ON SCENE <input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE <input type="checkbox"/> AMENDED	A No Injury / Drive Away <input type="checkbox"/>	AGENCY CRASH REPORT NO.	TRFW
ADDRESS NO.	HIGHWAY or STREET NAME	City <input type="checkbox"/> Township <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH mo / day / yr
			PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM
		COUNTY	HIT & RUN <input type="checkbox"/> Yes <input type="checkbox"/> No	LARS CODE
	(CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH	(NAME OF INTERSECTION OR ROAD FEATURE)	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER MOTOR VEHICLES INVLD

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 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 <input type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input type="checkbox"/> * HAZMAT SPILL COM VEH <input type="checkbox"/> * * IF YES SEE SIDEBAR	NO. LANES
STREET ADDRESS	SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR	PLATE NO.	STATE	YEAR					ALGN	
CITY	STATE	ZIP	INJURY	EJECT	VIN	POINT OF FIRST CONTACT			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.					U_	

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	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 <input type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input type="checkbox"/> * HAZMAT SPILL COM VEH <input type="checkbox"/> * * IF YES SEE SIDEBAR	NO. OPCS
STREET ADDRESS	SEX <input type="checkbox"/> SAFT <input type="checkbox"/> AIR	PLATE NO.	STATE	YEAR					RDEF	
CITY	STATE	ZIP	INJURY	EJECT	VIN	POINT OF FIRST CONTACT			BAC	
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO.				U_	
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.					U_	

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

(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	 *P1006*
1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY		
2	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.	SECONDARY		
1	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.	DATE POLICE NOTIFIED mo / day / yr	TIME NOTIFIED : : <input type="checkbox"/> AM <input type="checkbox"/> PM	
2	<input type="checkbox"/>			OFFICER ID.	SIGNATURE	COURT DATE mo / day / yr	COURT TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM	
3	<input type="checkbox"/>			BEAT / DIST.	SUPERVISOR ID.			

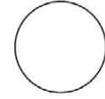
**REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!**

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

Printed by authority of the State of Illinois

SR 1050 5/04 (REPRINT 10/06)

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

### 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 \_\_\_\_\_

NARRATIVE (Refer to vehicle by Unit No.)

SAMPLE

LOCAL USE ONLY

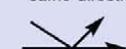
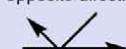
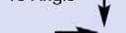
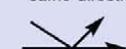
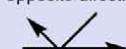
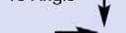
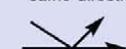
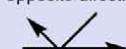
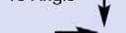
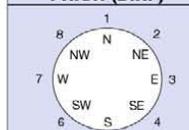
U\_\_ Color \_\_\_\_\_ U\_\_ Color \_\_\_\_\_

U\_\_ Towed by / to \_\_\_\_\_ U\_\_ Towed by / to \_\_\_\_\_

# ILLINOIS TRAFFIC CRASH REPORT

## TEMPLATE 1

[Empty box for report number or date]

<b>EVENT (EVNT)</b> NONCOLLISION: 1 Ran off the roadway 2 Overturn 3 Fire/explosion 4 Immersion 5 Jackknife 6 Cargo shift/loss 7 Separation 8 Downhill runaway 9 Other noncollision 99 Unknown COLLISION WITH: NOT FIXED OBJECTS: 11 Motor vehicle in traffic 12 Pedestrian 13 Pedalcyclist 14 Railway train 15 Deer 16 Other animal 17 Falling load 18 Parked vehicle 19 Thrown/falling object 20 Other object 99 Unknown FIXED OBJECTS: 21 Crash cushion 22 Guardrail face 23 Guardrail end 24 Concrete med. barrier 25 Bridge support 26 Bridge end 27 Bridge rail 28 Bridge underside 29 Traffic signal 30 Light support 31 Utility pole 32 Delineator post 33 Railroad signal/gates 34 Other pole or post 35 Culvert 36 Curb 37 Ditch/embankment 38 Snowbank 39 Fence 40 Mailbox 41 Tree or shrub 42 Building/structure 43 Other fixed object 99 Unknown	<b>WEATHER COND. (WEAT)</b> 1 Clear 2 Rain 3 Snow 4 Fog/smoke/haze 5 Sleet/hail 6 Severe cross wind 7 Other 9 Unknown	<b>TYPE OF FIRST CRASH (COLL)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">SINGLE VEHICLE CRASH</th> <th style="width: 50%;">MULTI VEHICLE CRASH</th> </tr> </thead> <tbody> <tr> <td>Select a code for a Single Vehicle Crash based on the crash code that illustrates what caused the <b>first damage/injury</b>, not what caused the <b>most severe damage/injury</b>.</td> <td>The intended direction of travel of each motor vehicle prior to the onset of the crash should determine the selection of the Multi Vehicle Crash code, <b>not</b> the direction of travel or position/angle of the vehicle at the point of contact. If the <b>first damage/injury occurs when two vehicles strike, you must select a code 9-15</b>.</td> </tr> <tr> <td>1 Pedestrian</td> <td>9 Parked motor vehicle</td> </tr> <tr> <td>2 Pedalcyclist</td> <td>10 Turning <small>(at least one vehicle turning)</small></td> </tr> <tr> <td>3 Train</td> <td>11 Rear end </td> </tr> <tr> <td>4 Animal</td> <td>12 Sideswipe same direction </td> </tr> <tr> <td>5 Overturned</td> <td>13 Sideswipe opposite direction </td> </tr> <tr> <td>6 Fixed object</td> <td>14 Head on </td> </tr> <tr> <td>7 Other object</td> <td>15 Angle </td> </tr> <tr> <td>8 Other noncollision</td> <td></td> </tr> <tr> <td>Example: A motor vehicle skids on ice, loses control and strikes a guardrail. The <b>COLL</b> code should be <b>6 - Fixed object</b> because no damage occurred until the guardrail was struck.</td> <td>Example: Unit 1 is NB and Unit 2 is SB on a four-lane divided roadway. Unit 1 skids on ice, loses control, crosses the grass median, re-enters the roadway into oncoming traffic, and collides with Unit 2. The <b>COLL</b> code should be <b>14 - Head on</b> because no damage occurred until the two units collided.</td> </tr> </tbody> </table>	SINGLE VEHICLE CRASH	MULTI VEHICLE CRASH	Select a code for a Single Vehicle Crash based on the crash code that illustrates what caused the <b>first damage/injury</b> , not what caused the <b>most severe damage/injury</b> .	The intended direction of travel of each motor vehicle prior to the onset of the crash should determine the selection of the Multi Vehicle Crash code, <b>not</b> the direction of travel or position/angle of the vehicle at the point of contact. If the <b>first damage/injury occurs when two vehicles strike, you must select a code 9-15</b> .	1 Pedestrian	9 Parked motor vehicle	2 Pedalcyclist	10 Turning <small>(at least one vehicle turning)</small>	3 Train	11 Rear end 	4 Animal	12 Sideswipe same direction 	5 Overturned	13 Sideswipe opposite direction 	6 Fixed object	14 Head on 	7 Other object	15 Angle 	8 Other noncollision		Example: A motor vehicle skids on ice, loses control and strikes a guardrail. The <b>COLL</b> code should be <b>6 - Fixed object</b> because no damage occurred until the guardrail was struck.	Example: Unit 1 is NB and Unit 2 is SB on a four-lane divided roadway. Unit 1 skids on ice, loses control, crosses the grass median, re-enters the roadway into oncoming traffic, and collides with Unit 2. The <b>COLL</b> code should be <b>14 - Head on</b> because no damage occurred until the two units collided.	<b>PED/PEDAL LOCATION (PPL)</b> 1 In roadway 2 In crosswalk 3 Not in available crosswalk 4 Crosswalk not available 5 Driveway access 6 Not in roadway 9 Unknown/NA	<b>VEHICLE TYPE (VEHT)</b> 1 Passenger 2 Pickup 3 Van/mini-van 4 Bus up to 15 pass. 5 Bus over 15 pass. 6 Truck - single unit 7 Tractor w/ semi-trailer 8 Tractor w/o semi-trailer 9 Farm equipment 10 Motorcycle (over 150cc) 11 Motor driven cycle 12 Snowmobile 13 All-terrain vehicle (ATV) 14 Other vehicle with trailer 15 Sport utility vehicle (SUV) 16 Other 99 Unknown/NA				
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<b>DEVICE COND. (TRFC)</b> 1 No controls 2 Stop sign/flasher 3 Traffic signal 4 Yield 5 Police/flagman 6 RR crossing gate 7 Other RR crossing 8 School zone 9 No passing 10 Other reg. sign 11 Other warning sign 12 Lane use marking 13 Other 99 Unknown	<b>VEHICLE USE (VEHU)</b> 1 Not in use 2 Personal 3 Driver education 4 Ambulance 5 Fire 6 Police 7 School bus 8 CTA 9 Mass transit 10 Other transit 11 Military 12 Agriculture 13 Tow truck 14 Construction/maintenance 15 House trailer 16 Camper/RV - towed/multi-unit 17 Camper/RV - single unit 18 Taxi/for hire 20 Commercial - multi-unit 21 Commercial - single unit 22 State owned 98 Other 99 Unknown/NA																													
<b>LIGHTING COND. (LGHT)</b> 1 Daylight 2 Dawn 3 Dusk 4 Darkness 5 Darkness, lighted road 9 Unknown	<b>VEHICLE MANEUVER PRIOR (MANV)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1 Straight ahead</td> <td>8 Slow/stop - left turn</td> <td>15 Skidding/ control loss</td> <td>22 Parked in traffic lane</td> </tr> <tr> <td>2 Passing/overtaking</td> <td>9 Slow/stop - right turn</td> <td>16 Entering traffic lane from parking</td> <td>23 Backing</td> </tr> <tr> <td>3 Turning left</td> <td>10 Slow/stop - load/unload</td> <td>17 Leaving traffic lane to park</td> <td>24 Driverless</td> </tr> <tr> <td>4 Turning right</td> <td>11 Slow/stop in traffic</td> <td>18 Merging</td> <td>25 Other</td> </tr> <tr> <td>5 Turning on red</td> <td>12 Driving wrong way</td> <td>19 Diverging</td> <td>26 Negotiating a curve</td> </tr> <tr> <td>6 U-turn</td> <td>13 Changing lanes</td> <td>20 Enter from drive/alley</td> <td>99 Unknown/NA</td> </tr> <tr> <td>7 Starting in traffic</td> <td>14 Avoiding vehicles/objects</td> <td>21 Parked</td> <td></td> </tr> </tbody> </table>	1 Straight ahead	8 Slow/stop - left turn	15 Skidding/ control loss	22 Parked in traffic lane	2 Passing/overtaking	9 Slow/stop - right turn	16 Entering traffic lane from parking	23 Backing	3 Turning left	10 Slow/stop - load/unload	17 Leaving traffic lane to park	24 Driverless	4 Turning right	11 Slow/stop in traffic	18 Merging	25 Other	5 Turning on red	12 Driving wrong way	19 Diverging	26 Negotiating a curve	6 U-turn	13 Changing lanes	20 Enter from drive/alley	99 Unknown/NA	7 Starting in traffic	14 Avoiding vehicles/objects	21 Parked		<b>CRASH DATA SAVES LIVES!</b> <b>NUMBER OF OCCUPANTS (NO. OCCS)</b> <b>DIRECTION TRAVEL PRIOR (DIRP)</b> 
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<b>EVENT LOCATION (LOC)</b> 1 On pavement (roadway) 2 Off pavement - left 3 Off pavement - right 4 Intersection 5 Other 9 Unknown	<b>EVENT NUMBER (EVNO)</b> Unit No	<b>CHECK MOST SEVERE NUMBER (MCST)</b>																												

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SR 1000A 510M (REPRINT 10/06)

CRASH DATA SAVES LIVES!

**CONTRIBUTORY CAUSE CODES**

CODE	CAUSE TYPE	CODE	CAUSE TYPE
01	Exceeding authorized speed limit	20	Improper lane usage
02	Failing to yield right-of-way	21	Animal
03	Following too closely	22	Disregarding yield sign
04	Improper overtaking/passing	23	Disregarding stop sign
05	Driving on wrong side/wrong way	24	Disregarding other traffic signs
06	Improper turning/no signal	25	Disregarding traffic signals
07	Turning right on red	26	Disregarding road markings
08	Under the influence of alcohol/drugs (use when arrest is effected)	27	Exceeding safe speed for conditions
10	Equipment - vehicle condition	28	Failing to reduce speed to avoid crash
11	Weather	29	Passing stopped school bus
12	Road engineering/surface/marking defects	30	Improper backing
13	Road construction/maintenance	32	Evasive action due to animal, object, nonmotorist
14	Vision obscured (signs, tree limbs, buildings, etc.)	40	Distraction - from outside vehicle
15	Driving skills/knowledge/experience	41	Distraction - from inside vehicle
17	Physical condition of driver	42	Distraction - operating a wireless phone
18	Unable to determine	50	Operating vehicle in erratic, reckless, careless, negligent or aggressive manner
19	Had been drinking (use when arrest is not made)	99	Not applicable

**Select a Primary Contributory Cause from the list above and enter the corresponding two-digit code in the appropriate field near the lower right corner on the front of the crash report form. When appropriate, enter a Secondary Contributory Cause code accordingly.**

**Definitions**

Primary Contributory Cause - The factor which is most significant in causing the crash, as determined by officer judgement.

Secondary Contributory Cause - The second most significant factor contributing to the crash, as determined by officer judgement.

**Example**

You determine that vehicle speed is the most significant cause of the crash and wireless phone use is the second most significant cause of the crash. Enter 01 in the "PRIMARY" field and 42 in the "SECONDARY" field.

# ILLINOIS TRAFFIC CRASH REPORT

## TEMPLATE 2

Printed by authority of the State of Illinois

SR 1000B 5/10M (REPRINT 10/06)

<b>APPARENT PHYSICAL CONDITION (DRAC)</b> 1 Normal 2 Impaired - alcohol 3 Impaired - drugs 4 Illness 5 Asleep/fainted 6 Medicated 7 Had been drinking 8 Fatigued 9 Other/unknown	<b>PED / BIKE VISIBILITY (PEDV)</b> 1 No contrasting clothing 2 Contrasting clothing 3 Reflective material 4 Other light source used	<b>DRIVER VISION (VIS)</b> 1 Not obscured 2 Windshield (water/ice) 3 Trees, plants 4 Buildings 5 Embankment 6 Signboard 7 Hillcrest 8 Parked vehicles 9 Moving vehicles 10 Blinded - headlights 11 Blinded - sunlight 12 Blowing materials 13 Other 99 Unknown	<b>VEHICLE DEFECTS (VEHD)</b> 1 None 2 Brakes 3 Steering 4 Engine/motor 5 Suspension 6 Tires 7 Exhaust 8 Lights 9 Signals 10 Windows 11 Restraint system 12 Wheels 13 Trailer coupling 14 Cargo 15 Fuel system 16 Other 99 Unknown	<b>TRAFFICWAY DESCRIPTION (TRFW)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">TWO-WAY</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>1 Not divided</td> <td>5 One-way or ramp</td> </tr> <tr> <td>2 Divided, no median barrier</td> <td>6 Alley or driveway</td> </tr> <tr> <td>3 Divided w/median barrier</td> <td>7 Parking lot</td> </tr> <tr> <td>4 Center turn lane</td> <td>8 Other</td> </tr> <tr> <td></td> <td>9 Unknown</td> </tr> </table>	TWO-WAY	OTHER	1 Not divided	5 One-way or ramp	2 Divided, no median barrier	6 Alley or driveway	3 Divided w/median barrier	7 Parking lot	4 Center turn lane	8 Other		9 Unknown			
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<b>SEATING POSITION (SEAT)</b> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">6</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">10</td> <td style="border: 1px solid black; padding: 2px;">11</td> <td style="border: 1px solid black; padding: 2px;">12</td> </tr> <tr> <td colspan="3" style="border: none;">7 Enclosed passengers</td> </tr> <tr> <td colspan="3" style="border: none;">8 Exposed passengers</td> </tr> </table>	1	2	3	4	5	6	10	11	12	7 Enclosed passengers			8 Exposed passengers			<b>SAFETY EQUIPMENT USED (SAFT)</b> 1 None present 2 Safety belt used 3 Safety belt not used 4 Helmet used 5 Helmet not used 6 Child restraint used 7 Child restraint used improperly 8 Child restraint not used 9 Usage Unknown	<b>DRIVER ACTION (DRVA)</b> 1 None 2 Failed to yield 3 Disregarded control devices 4 Too fast for conditions 5 Improper turn 6 Wrong way/side 7 Followed too closely 8 Improper lane change 9 Improper backing 10 Improper passing 11 Improper parking 12 License restrictions 13 Stopped school bus 14 Emergency vehicle on call 15 Evading police vehicle 16 Other 99 Unknown	<b>NUMBER OF LANES (NO. LANES)</b> Count through lanes, both directions. If at intersection, use "0" (zero).	<b>ALIGNMENT (ALGN)</b> 1 Straight and level 2 Straight on grade 3 Straight on hillcrest 4 Curve, level 5 Curve on grade 6 Curve on hillcrest
1	2	3																	
4	5	6																	
10	11	12																	
7 Enclosed passengers																			
8 Exposed passengers																			
<b>INJURY CLASSIF. (INJ)</b> K Fatal A Incapacitating injury B Nonincapacitating injury C Reported, not evident 0 No indication of injury	<b>AIR BAG DEPLOYED (AIR)</b> 3 Not applicable 4 Did not deploy 5 Deployed, front 6 Deployed, side 7 Deployed other (knee, air belt, etc.) 8 Deployed, combination 9 Deployment unknown	<b>PRIVATE PROPERTY:</b> This is not the area to indicate that there was private property damage. Check <b>Yes only if the crash began on, ended on and all damage occurred on private property.</b>  If the crash began on a public roadway, it is not a private property crash; check <b>No.</b>	<b>Intersection Related:</b> Was this an intersection related crash? A crash does not have to actually occur at an intersection to be considered intersection related. For example; if 5 vehicles are lined up at a traffic signal and a rear end collision occurs at the back of the line, 75 feet from the intersection, it is intersection related.	<b>ROADWAY SURFACE CONDITION (RSUR)</b> 1 Dry 2 Wet 3 Snow or slush 4 Ice 5 Sand, mud, dirt 6 Other 9 Unknown															
<b>UNIT NO.</b>	<b>DATE OF BIRTH</b> mo/day/yr	<b>PASSENGERS &amp; WITNESSES</b> Full Name, Address, Telephone	<b>EJECTION OR EXTRICATION (EJCT)</b> 1 None 2 Totally ejected 3 Partially ejected 4 Trapped/extricated 9 Unknown	<b>ROAD DEFECTS (RDEF)</b> 1 No defects 2 Construction zone 3 Maintenance zone 4 Utility work zone 5 Work zone - unk. 6 Shoulders 7 Rut, holes 8 Worn surface 9 Debris on roadway 10 Other 99 Unknown															
				<b>DRIVER BAC TEST RESULT (BAC)</b> Enter BAC result or one of the following: 95 Test refused 96 Test not offered 97 Test performed results unknown	If drug test was given put in the narrative														
				<b>TAKEN TO (hospital)</b>	<b>EMS RUN NUMBER or AGENCY NAME</b>														

## CRASH DATA SAVES LIVES!

INJURY CLASSIF. (INJ)	EJECTION OR EXTRICATION (EJCT)
K Fatal	1 None
A Incapacitating injury	2 Totally ejected
B Nonincapacitating injury	3 Partially ejected
C Reported, not evident	4 Trapped/extricated
0 No indication of injury	9 Unknown

### SEQUENCE AND LOCATION OF EACH EVENT

#### Parked Motor Vehicle

As Unit 1 backs out of a parking stall at a shopping mall, it strikes Unit 2, which is parked. The TYPE OF FIRST CRASH (COLL) =9.

	(ENYO)	(MOST)	(EVNT)	(LOC)
<b>U N I T 1</b>	1	<input checked="" type="checkbox"/>	18	5
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
<b>U N I T 2</b>	1	<input checked="" type="checkbox"/>	11	5
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

#### Fixed Object

Unit 1 runs off the right side of the roadway, strikes a bridge support, and overturns. The TYPE OF FIRST CRASH (COLL)=6.

	(ENYO)	(MOST)	(EVNT)	(LOC)
<b>U N I T 1</b>	1	<input type="checkbox"/>	1	3
	2	<input checked="" type="checkbox"/>	25	3
	3	<input type="checkbox"/>	2	3
<b>U N I T 2</b>	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

#### Overturned

Unit 1, a tractor/semitrailer, fails to reduce speed sufficiently while entering an interstate exit ramp. Unit 1 runs off the left side of the roadway, overturns and strikes a shrub. The TYPE OF FIRST CRASH (COLL)=5.

	(ENYO)	(MOST)	(EVNT)	(LOC)
<b>U N I T 1</b>	1	<input type="checkbox"/>	1	2
	2	<input checked="" type="checkbox"/>	2	2
	3	<input type="checkbox"/>	41	2
<b>U N I T 2</b>	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

SAFETY EQUIPMENT USED (SAFT)
1 None present
2 Safety belt used
3 Safety belt not used
4 Helmet used
5 Helmet not used
6 Child restraint used
7 Child restraint used improperly
8 Child restraint not used
9 Usage Unknown

AIR BAG DEPLOYED (AIR)
3 Not applicable
4 Did not deploy
5 Deployed, front
6 Deployed, side
7 Deployed other (knee, air belt, etc.)
8 Deployed, combination
9 Deployment unknown

The Event boxes are used for identifying the **sequence and location** of each **EVENT (EVNT)** that occurred during the crash. The purpose is to identify what happened to each unit.

Select the appropriate event from the **EVENT (EVNT)** box on **Template 1**. Under the column heading (**EVNT**), and next to **UNIT 1** on the crash report from, enter the corresponding event number code to the right of the 1 (skipping over **MOST** check box). If a second event occurred, select another event from the template and enter the number code to the right of the 2 next to **UNIT 1**. Place a third event number code to the right of the 3 next to **UNIT 1** if appropriate.

Once the event number code has been entered, use the **EVENT LOCATION (LOC)** box on **Template 1** to select a location for each event coded. Place the location number code to the right of each corresponding event code under the column heading (**LOC**). Under the column heading (**MOST**), a check box appears to the right of each location. Determine which event appears to be the most severe and mark that corresponding box only. Only one box per unit should be marked.

A crash may involve an initial event, such as **1 - Ran off roadway**, and an indication of what was struck, such as **29 - Traffic signal**. Or, if two units collide on the roadway, the only entry may be **11 - Motor vehicle in traffic**. When more than one event is entered, check boxes are provided to identify the single most severe event for each unit. For a **Type A crash**, this information may replace a diagram and narrative. **However, if event information is not provided, a diagram and narrative are required.**

**ATTENTION: THE CMV TEMPLATE HAS BEEN MOVED TO THE BACK OF THIS SR1050 BOOKLET.**