

# ILLINOIS TRAFFIC CRASH REPORT

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

(bar code here)

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

INVESTIGATING AGENCY	<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 PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No HIT & RUN <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) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$300 <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER MOTOR VEHICLES INVLD LARS CODE

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 (LAST, FIRST, MI) STREET ADDRESS	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		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"/> * * IF YES SEE SIDEBAR	NO LANES
CITY	STATE	ZIP	INJURY	EJECT	VIN			ALGN
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.		RSUR
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	POLICY NO.			VEHU

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 (LAST, FIRST, MI) STREET ADDRESS	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		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"/> * * IF YES SEE SIDEBAR	U2
CITY	STATE	ZIP	INJURY	EJECT	VIN			RDEF
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.		BAC
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	POLICY NO.			U1

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

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

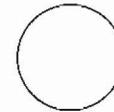
\* IF YES TO HAZMAT SPILL OR COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

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SR 1050 435M (PRINTED 11/07)

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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.)

LOCAL USE ONLY

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

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