

ILLINOIS TRAFFIC CRASH REPORT

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1	U2				U1	U2	U1	U2		U1	U2	
ILLINOIS AREA BY _____ TYPE OF REPORT _____												

- EVENT [EVNT]**
- NON-COLLISION:**
- 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 non-collision
 - 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

- TRAFFIC CONTROL DEVICE [TRFD]**
- 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

- WEATHER CONDN. [WEAT]**
- 1 Clear
 - 2 Rain
 - 3 Snow
 - 4 Fog/smoke/haze
 - 5 Sleet/hail
 - 6 Severe cross wind
 - 7 Other
 - 9 Unknown

- LIGHTING CONDN. [LGHT]**
- 1 Daylight
 - 2 Dawn
 - 3 Dusk
 - 4 Darkness
 - 5 Darkness, lighted road
 - 9 Unknown

- DEVICE CONDN. [TRFC]**
- 1 No controls
 - 2 Not functioning
 - 3 Functioning improperly
 - 4 Functioning properly
 - 5 Worn reflect. material
 - 6 Missing
 - 7 Other
 - 9 Unknown

- EVENT LOCATION [LOC]**
- 1 On pavement (roadway)
 - 2 Off pavement - left
 - 3 Off pavement - right
 - 4 Intersection
 - 5 Other
 - 9 Unknown

- TYPE OF FIRST CRASH [COLL]**
- *** SINGLE VEHICLE CRASH ***
- | | |
|----------------|-----------------------|
| 1 Pedestrian | 2 Pedalcyclist |
| 3 Train | 4 Animal |
| 5 Overturned | 6 Fixed object |
| 7 Other object | 8 Other non collision |
- *** MULTI-VEHICLE CRASH ***
- 9 Parked motor vehicle
 - 10 Turning (at least one vehicle turning)
 - 11 Rear end
 - 12 Sideswipe same direction
 - 13 Sideswipe opposite
 - 14 Head on
 - 15 Angle

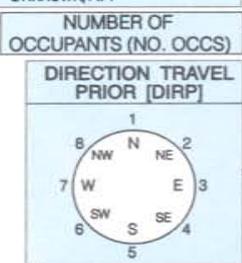
- PED/PEDAL ACTION [PPA]**
- 3 Turning left
 - 4 Turning right
 - 20 Enter from drive/alley
 - 50 None
 - 51 Crossing - with signal
 - 52 Crossing - against signal
 - 53 - school bus (within 50 ft.)
 - 54 - vehicle
 - 55 - not at a specified location
 - 56 - with traffic
 - 57 - against traffic
 - 58 - to/from disabled vehicle
 - 59 Waiting for school bus
 - 60 Playing/working on vehicle
 - 61 Playing in roadway
 - 62 Standing in roadway
 - 63 Working in roadway
 - 64 Other
 - 99 Unknown/NA

- PED/PEDAL LOCATION [PPL]**
- 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

- VEHICLE TYPE [VEHT]**
- 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 ATV
 - 14 Other vehicle with trailer
 - 15 Sport utility
 - 16 Other
 - 99 Unknown/NA

- VEHICLE USE [VEHU]**
- 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 Camp trailer/5th wheel
 - 17 Camper/RV
 - 18 Taxi/for hire
 - 19 Other
 - 99 Unknown/NA

- VEHICLE MANEUVER PRIOR [MANV]**
- | | |
|----------------------------|-----------------------------|
| 1 Straight ahead | 14 Avoiding vehicle/objects |
| 2 Passing/overtaking | 15 Skidding/control loss |
| 3 Turning left | 16 Entering from parking |
| 4 Turning right | 17 Leaving to park |
| 5 Turning on red | 18 Merging |
| 6 U-turn | 19 Diverging |
| 7 Starting in traffic | 20 Enter from drive/alley |
| 8 Slow/stop - left turn | 21 Parked |
| 9 Slow/stop - right turn | 22 Parked in traffic lane |
| 10 Slow/stop - load/unload | 23 Backing |
| 11 Slow/stop in traffic | 24 Driverless |
| 12 Driving wrong way | 25 Other |
| 13 Changing lanes | 99 Unknown/NA |



TEMPLATE 1

TRFW
VEHT
U1
U2
NO. LANES
ALGN
RSUR
VEHU
U1
U2
RDEF
BAC
U1
U2
NO. OCCS
U1
U2
DIRP
U1
U2

Unit No

EVENT NUMBER (EVNO)	CHECK MOST SEVERE NUMBER (MOST)
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>

UNIT 1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY OWNER ADDRESS	CITY STATE ZIP
3	<input type="checkbox"/>	ARREST NAME	SECTION CITATION NO.				
UNIT 2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARREST NAME	SECTION CITATION NO.
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OFFICER ID. SIGNATURE	BEAT / DIST. SUPERVISOR ID
3	<input type="checkbox"/>						

P0199

DATE POLICE NOTIFIED	TIME NOTIFIED
mo / day / yr	AM PM
COURT DATE	COURT TIME
mo / day / yr	AM PM

*IF YES, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

Printed by authority of the State of Illinois

SR 1000A 35M (REV. 1/98) IL 494-0811

SR 1050 350M (REV. 1/99) IL 494-

ILLINOIS TRAFFIC CRASH REPORT

Sheet of Sheets

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

APPARENT PHYSICAL CONDITION [DRAC]

- 1 Normal
- 2 Impaired - alcohol
- 3 Impaired - drugs
- 4 Illness
- 5 Asleep/fainted
- 6 Medicated
- 7 Had been drinking
- 8 Fatigued
- 9 Other/unknown

PED / BIKE VISIBILITY [PEDV]

- 1 No contrasting clothing
- 2 Contrasting clothing
- 3 Reflective material
- 4 Other light source used

DRIVER VISION [VIS]

- 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

VEHICLE DEFECTS [VEHD]

- 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

TRAFFICWAY DESCRIPTION [TRFW]

Two-way	5 One-way or ramp
1 - not divided	6 Alley or driveway
2 - divided, no median barrier	7 Parking lot
3 - divided w/median barrier	8 Other
4 - center turn lane	9 Unknown

NUMBER OF LANES (NO. LANES) (Through, both directions)
(If intersection, use "O" (zero) = "Not applicable")

ALIGNMENT [ALGN]

1 Straight and level	4 Curve, level
2 Straight on grade	5 Curve on grade
3 Straight on hillcrest	6 Curve on hillcrest

ROADWAY SURFACE CONDITION [RSUR]

1 Dry	4 Ice
2 Wet	5 Sand, mud, dirt
3 Snow or slush	6 Other
	9 Unknown

ROAD DEFECTS [RDEF]

1 No defects	6 Shoulders
2 Construction zone	7 Rut, holes
3 Maintenance zone	8 Worn surface
4 Utility work zone	9 Debris on roadway
5 Work zone - unk.	10 Other
	99 Unknown

DRIVER BAC TEST RESULT [BAC]

(BAC) or
95 Test refused
96 Test not offered
97 Test performed results unknown

If drug test was given put in the narrative

SEATING POSITION [SEAT]

1	2	3
4	5	6
7 enclosed passengers		
8 exposed passengers		

SAFETY EQUIPMENT USED [SAFT]

- 1 None present
- 2 Seat belts used
- 3 Seat belts not used
- 4 Helmet used
- 5 Helmet not used
- 6 Child restraint used
- 7 Child restraint used improperly
- 8 Child restraint not used
- 9 Unknown/NA

AIR BAG DEPLOYED (AIR)

- 1 - with seat belt
- 2 - without seat belt
- 9 Unknown/NA

INJURY CLASSIF. [INJ]

K Fatal
A Incapacitating injury
B Non-incapacitating injury
C Reported, not evident
0 No indication of injury

DRIVER ACTION [DRVA]

1 None	9 Improper backing
2 Failed to yield	10 Improper passing
3 Disregard control devices	11 Improper parking
4 Too fast for conditions	12 License restrictions
5 Improper turn	13 Stopped school bus
6 Wrong way/side	14 Emergency vehicle on call
7 Followed too closely	15 Evading police vehicle
8 Improper lane change	16 Other
	99 Unknown

EJECTION OR EXTRICATION [EJCT]

- 1 None
- 2 Totally ejected
- 3 Partially ejected
- 4 Trapped/extricated
- 9 Unknown

Sample

TEMPLATE 2

PASSENGER, WITNESS, INJURED PERSON

UNIT NO.	DATE OF BIRTH mo/day/yr	SEX	SAFT	AIR	INJ	EJCT	FULL NAME, ADDRESS, TELEPHONE	TAKEN TO (hospital)	EMS RUN NUMBER or AGENCY NAME
[UNIT]	[DOB]	[SEX]	[SAFT]	[AIR]	[INJ]	[EJCT]	[NAME] / [ADDR] / [TEL]	[HOSP]	[EMS]
	/ /								
	/ /								
	/ /								
	/ /								

EVID	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY
1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS	CITY STATE ZIP
2	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.
3	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.
1	<input type="checkbox"/>			OFFICER ID. SIGNATURE	BEAT / DIST. SUPERVISOR ID
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				

DATE POLICE NOTIFIED: mo / day / yr

COURT DATE: mo / day / yr

TIME NOTIFIED: : : AM / PM

COURT TIME: : : AM / PM



P0199

*IF YES, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

INTERSECTION RELATED: If the crash occurred because of the intersection, regardless of the exact location, it is considered intersection related.

PRIVATE PROPERTY: A private property crash must originate and occur on private property.

SAFETY EQUIPMENT USED [SAFT]
1 None present
2 Seat belts used
3 Seat belts not used
4 Helmet used
5 Helmet not used
6 Child restraint used
7 Child restraint used improperly
8 Child restraint not used
9 Unknown/NA
AIR BAG DEPLOYED (AIR)
1 - with seat belt
2 - without seat belt
9 Unknown/NA

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

VEHICLE CONFIGURATION (Choose Applicable Number)		
1  Bus	4  Truck/trailer	7  Tractor/doubles
2  Single unit truck, 2 axles, 6 tires	5  Truck/tractor	
3  Single unit truck, 3 or more axles	6  Tractor/semi-trailer	9 Unknown heavy truck
CARGO BODY TYPE (Choose Applicable Number)		
1  Bus	4  Flatbed	7  Auto transporter
2  Van/enclosed box	5  Dump	8  Garbage/refuse
3  Tank	6  Concrete mixer	9 Other

COMMERCIAL VEHICLE

FLATBED LOAD TYPE
1 Farm equipment
2 Construction equipment
3 Building materials
4 Steel coils
5 Other
9 Unknown

ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets



* 4 6 1 4 7 0 0 *

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

INVESTIGATED BY POLICE	TYPE OF REPORT <input type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SUPPLEMENTARY	<input type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. YR	TRFW
ADDRESS NO. (OPTIONAL)	HIGHWAY or STREET NAME	CITY/TOWNSHIP (CIRCLE)	INTERSECTION RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH mo / day / yr
(CIRCLE) FT / MI N E S W	(CIRCLE)	COUNTY	PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)			HIT & RUN <input type="checkbox"/> Yes <input type="checkbox"/> No	LARS CODE
			ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 <input type="checkbox"/> Yes <input type="checkbox"/> No	LARS CODE
				NO. MOTOR VEHICLES INVLD

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 DAMAGE Y N <input type="checkbox"/> <input type="checkbox"/>	ALGN
STREET ADDRESS	SEX SAFT AIR	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT		HAZ MAT. <input type="checkbox"/> *	RSUR
CITY	INJURY EJECT	VIN					COM VEH. <input type="checkbox"/> *	VEHU
TELEPHONE	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

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 DAMAGE Y N <input type="checkbox"/> <input type="checkbox"/>	RDEF
STREET ADDRESS	SEX SAFT AIR	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT		HAZ MAT. <input type="checkbox"/> *	BAC
CITY	INJURY EJECT	VIN					COM VEH. <input type="checkbox"/> *	U1
TELEPHONE	STATE CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.					U2
TAKEN TO	EMS AGENCY	OWNER ADDRESS (street, city, state, zip)	TELEPHONE	POLICY NO.				NO. OCCS

[UNIT]	[SEAT]	[DOB]	[SEX]	[SAFT]	[AIR]	[INJ]	[EJECT]	[NAME] / [ADDR] / [TEL]	[HOSP]	[EMS]
		/ /								
		/ /								
		/ /								
		/ /								
		/ /								

[EVO]	[MOST]	[EVNT]	[LOC]	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY
1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS	CITY STATE ZIP
2	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.
3	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.
1	<input type="checkbox"/>			OFFICER ID. SIGNATURE	BEAT / DIST. SUPERVISOR ID
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				



P0199

DATE POLICE NOTIFIED mo / day / yr	TIME NOTIFIED : : <input type="checkbox"/> AM <input type="checkbox"/> PM
COURT DATE mo / day / yr	COURT TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM

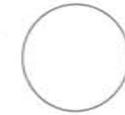
*IF YES, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

Printed by authority of the State of Illinois

SR 1050 350M (REV. 1/99) IL 494-0736

4614700

DIAGRAM



INDICATE NORTH BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U1 Color

U2 Color

U1 Towed by / to

U2 Towed by / to

COMMERCIAL VEHICLE

UNIT NO. _____

CARRIER NAME _____

ADDRESS _____

CITY _____

STATE ZIP _____

ID NUMBER _____

GVWR _____

US DOT _____

ICCMC _____

or State No. _____

State Name _____

None

HAZARDOUS MATERIALS: _____

PLACARDED? _____

Yes No

if Yes: 4-Digits _____

1-Digit _____

or Name _____

Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank) Y N Unk

Violation of HAZMAT regs. contribute to crash?

Violation of MCS regs. contribute to crash?

Inspection form completed? _____

Y N Unk

Form No. _____

- HAZMAT

Out of Service?

- MCS

Out of Service?

IDOT PERMIT # _____

WIDE LOAD Y N

TRAILER WIDTH(S) _____

TRAILER LENGTH(S) - ft _____

VEHICLE LENGTH (TOTAL) - ft _____

Trailer 1

Trailer 1 _____

NO. OF AXLES _____

Trailer 2

Trailer 2 _____

IN CITY OF / NEAREST CITY: _____ Miles N E S W of: _____ (Circle)

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____

COMMERCIAL VEHICLE

UNIT NO. _____

CARRIER NAME _____

ADDRESS _____

CITY _____

STATE ZIP _____

ID NUMBER _____

GVWR _____

US DOT _____

ICCMC _____

or State No. _____

State Name _____

None

HAZARDOUS MATERIALS: _____

PLACARDED? _____

Yes No

if Yes: 4-Digits _____

1-Digit _____

or Name _____

Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank) Y N Unk

Violation of HAZMAT regs. contribute to crash?

Violation of MCS regs. contribute to crash?

Inspection form completed? _____

Y N Unk

Form No. _____

- HAZMAT

Out of Service?

- MCS

Out of Service?

IDOT PERMIT # _____

WIDE LOAD Y N

TRAILER WIDTH(S) _____

TRAILER LENGTH(S) - ft _____

VEHICLE LENGTH (TOTAL) - ft _____

Trailer 1

Trailer 1 _____

NO. OF AXLES _____

Trailer 2

Trailer 2 _____

IN CITY OF / NEAREST CITY: _____ Miles N E S W of: _____ (Circle)

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION _____ CARGO BODY TYPE _____ LOAD TYPE _____

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

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

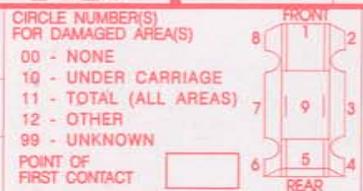
For a copy of the Police Report contact the investigating agency.



* 4 6 1 4 7 0 0 *

ILLINOIS MOTORIST REPORT

INVESTIGATED BY		TYPE OF REPORT		AGENCY CRASH REPORT NO.	
POLICE		<input type="checkbox"/> ON-SCENE	<input type="checkbox"/> A No Injury / Drive Away		
		<input type="checkbox"/> NOT ON-SCENE	<input type="checkbox"/> B Injury and / or Tow Due To Crash		
ADDRESS NO. (OPTIONAL)		HIGHWAY or STREET NAME		CITY/TOWNSHIP (CIRCLE)	
(CIRCLE)		(CIRCLE)		COUNTY	
<input type="checkbox"/> FT / MI N E S W		<input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		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 TIME	
				ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 <input type="checkbox"/> Yes <input type="checkbox"/> No	
				NO. MOTOR VEHICLES INVLD	
				LARS CODE	
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		MAKE MODEL YEAR	
STREET ADDRESS		SEX SAFT AIR		PLATE NO. STATE YEAR	
CITY STATE ZIP		INJURY EJECT		VIN	
TELEPHONE		DRIVER LICENSE NO. STATE CLASS		VEHICLE OWNER (LAST, FIRST M.I.)	
TAKEN TO		EMS AGENCY		INSURANCE CO.	
				OWNER ADDRESS (street, city, state, zip)	
				TELEPHONE POLICY NO.	
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		MAKE MODEL YEAR	
STREET ADDRESS		SEX SAFT AIR		PLATE NO. STATE YEAR	
CITY STATE ZIP		INJURY EJECT		VIN	
TELEPHONE		DRIVER LICENSE NO. STATE CLASS		VEHICLE OWNER (LAST, FIRST M.I.)	
TAKEN TO		EMS AGENCY		INSURANCE CO.	
				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 OWNER'S NAME	
		\$ _____	PROPERTY OWNER'S ADDRESS	
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 of injury to others.

Name and address of representative who sold policy.

Policy Number

Policy Period

From: _____ To: _____

Name of Policy Holder



M0199

Printed by authority of the State of Illinois

SR 1 350M (REV. 1/99) IL 494-0734

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

Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM



INDICATE NORTH BY ARROW

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.

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" 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.

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 those 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

NARRATIVE (Refer to vehicle by Unit No.)

Area for writing the narrative description of the crash.

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle operated in compliance with the Federal "Motor Carrier's Act," show the Interstate Commerce Commission docket number.

Is a Form SR-23 on file with the Department of Transportation covering your vehicle?

YES NO

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

YES NO