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			U1	U2		

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

NUMBER OF LANES (NO. LANES) (Through, both directions)
(If intersection, use "0" (zero) = "Not applicable")

ALIGNMENT [ALGN]
1 Straight and level
2 Straight on grade
3 Straight on hillcrest
4 Curve, level
5 Curve on grade
6 Curve on hillcrest

ROADWAY SURFACE CONDITION [RSUR]
1 Dry
2 Wet
3 Snow or slush
4 Ice
5 Sand, mud, dirt
6 Other
9 Unknown

ROAD DEFECTS [RDEF]
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

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

DRIVER ACTION [DRVA]
1 None
2 Failed to yield
3 Disregard 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

INJURY CLASSIF. [INJ]
K Fatal
A Incapacitating injury
B Non-incapacitating injury
C Reported, not evident
0 No indication of Injury

EJECTION OR EXTRICATION [EJCT]
1 None
2 Totally ejected
3 Partially ejected
4 Trapped/extricated
9 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

TEMPLATE 2

PASSENGER, WITNESS, INJURED PERSON

UNIT NO.		DATE OF BIRTH mo/day/yr					FULL NAME, ADDRESS, TELEPHONE	TAKEN TO (hospital)	EMS RUN NUMBER or AGENCY NAME
		/ /							
		/ /							
		/ /							
		/ /							
		/ /							

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

	[EVNO]	[MOST]	[EVNT]	[LOC]
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY

PROPERTY OWNER ADDRESS | CITY | STATE | ZIP

ARREST NAME | SECTION | CITATION NO.

ARREST NAME | SECTION | CITATION NO.

OFFICER ID. | SIGNATURE | BEAT / DIST. | SUPERVISOR ID

DATE POLICE NOTIFIED mo / day / yr | TIME NOTIFIED : ☐ AM ☐ PM

COURT DATE mo / day / yr | COURT TIME : ☐ AM ☐ PM

P0199

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

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