ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets

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

4614700

INVESTIGATED BY _____ POLICE

TYPE OF REPORT: ☐ ON-SCENE ☐ NOT ON-SCENE ☐ SUPPLEMENTARY

☐ A No Injury / Drive Away
☐ 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 ☐Yes ☐No | PRIVATE PROPERTY ☐Yes ☐No | HIT & RUN ☐Yes ☐No | DATE OF CRASH mo / day / yr | TIME ☐AM ☐PM | LARS CODE

VEHT U1

☐ ____FT / MI (CIRCLE) N E S W (CIRCLE)
☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY | ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500 ☐Yes ☐No | NO. MOTOR VEHICLES INVLD | LARS CODE

U2

NO. LANES

NAME (LAST, FIRST, M.I.) ☐ DRIVER ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV | DATE OF BIRTH mo / day / yr | 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.) | INSURANCE CO.

TAKEN TO | EMS AGENCY | OWNER ADDRESS (street, city, state, zip) | TELEPHONE | POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT

FRONT 1 2 3 4 5 6 7 8 9 REAR

TOWED	Y	N
DUE TO DAMAGE	☐	☐
OTHER	☐	☐
FIRE	☐	☐
HAZ MAT.	☐*	☐
COM VEH.	☐*	☐

ALGN

RSUR

VEHU U1

NAME (LAST, FIRST, M.I.) ☐ DRIVER ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV | DATE OF BIRTH mo / day / yr | MAKE | MODEL | YEAR

STREET ADDRESS | SEX | SAFT | AIR | PLATE NO. | STATE | YEAR

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DUE TO DAMAGE	☐	☐
OTHER	☐	☐
FIRE	☐	☐
HAZ MAT.	☐*	☐
COM VEH.	☐*	☐

U2

RDEF

BAC U1

U2

NO. OCCS

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

U1

U2

DIRP U1

U2

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

P0199

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

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

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