COMPLETE BOTH SIDES OF THIS FORM Use black ink

ILLINOIS MOTORIST REPORT

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.

46147 00

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

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

☐ ____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

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 8 9 3 7 5 4 6 REAR

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

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

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

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

NAME	UNIT	AGE	SEX	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 or injury to others.

Name and address of representative who sold policy.

Policy Number

Policy Period
From: _____ To: _____

Name of Policy Holder

M0199

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