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		

INVESTIGATED BY | TYPE OF REPORT | AGENCY CRASH REPORT NO.

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

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

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

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
Entering / Leaving / Crossing
53 - school bus (within 50 ft.)
54 - vehicle
55 - not at a specified location
Walking / Riding
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

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

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 MANEUVER PRIOR (MANV)

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

EVENT LOCATION (LOC)

1 On pavement (roadway)
2 Off pavement - left
3 Off pavement - right
4 Intersection
5 Other
9 Unknown

NUMBER OF OCCUPANTS (NO. OCCS)

DIRECTION TRAVEL PRIOR [DIRP]

1 N
2 NE
3 E
4 SE
5 S
6 SW
7 W
8 NW

TEMPLATE 1

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

EVENT NUMBER (EVNO) | CHECK MOST SEVERE NUMBER (MOST)

Unit No	[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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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
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 "O" (zero) = "Not applicable")

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

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

SEATING POSITION [SEAT]
1 2 3
4 5 6
7 enclosed passengers
8 exposed passengers

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

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

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

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	[SEAT]	[SEX]	[SAFT]	[AIR]	[INJ]	[EJCT]	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

UNIT	[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

Printed by authority of the State of Illinois
SR 1000B 35M (REV. 1/98) IL 494-0812
SR 1050 350M (REV. 1/99) IL 494-0736

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

COMMERCIAL VEHICLE

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

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

4614700

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

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

U2

☐ AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)

NO. LANES

UNIT 1

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

UNIT 2

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

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.	☐*	☐

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 1

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

UNIT 2

[EVNO]	[MOST]	[EVNT]	[LOC]
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

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

SOURCE
- ☐ Side of truck
- ☐ Papers
- ☐ Driver
- ☐ Log book

ID NUMBER

US DOT _____
or State No. _____

GVWR

ICCMC _____
State Name _____ ☐ None

HAZARDOUS MATERIALS: PLACARDED? ☐ Yes ☐ No
if Yes: 4-Digits _____ 1-Digit ____ or Name _____

	Y	N	Unk
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	☐	☐	
Violation of HAZMAT regs. contribute to crash?	☐	☐	☐
Violation of MCS regs. contribute to crash?	☐	☐	☐

Inspection form completed?

	Y	N	Unk		Y	N
- HAZMAT	☐	☐	☐	Out of Service?	☐	☐
- MCS	☐	☐	☐	Out of Service?	☐	☐

Form No.

IDOT PERMIT # _____ WIDE LOAD Y ☐ N ☐

TRAILER WIDTH(S)

	0-96"	97-102"	Over 102"
Trailer 1	☐	☐	☐
Trailer 2	☐	☐	☐

TRAILER LENGTH(S) - ft
Trailer 1 _____
Trailer 2 _____

VEHICLE LENGTH (TOTAL) - ft

NO. OF AXLES

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

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

SOURCE
- ☐ Side of truck
- ☐ Papers
- ☐ Driver
- ☐ Log book

ID NUMBER

US DOT _____
or State No. _____

GVWR

ICCMC _____
State Name _____ ☐ None

HAZARDOUS MATERIALS: PLACARDED? ☐ Yes ☐ No
if Yes: 4-Digits _____ 1-Digit ____ or Name _____

	Y	N	Unk
Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	☐	☐	
Violation of HAZMAT regs. contribute to crash?	☐	☐	☐
Violation of MCS regs. contribute to crash?	☐	☐	☐

Inspection form completed?

	Y	N	Unk		Y	N
- HAZMAT	☐	☐	☐	Out of Service?	☐	☐
- MCS	☐	☐	☐	Out of Service?	☐	☐

Form No.

IDOT PERMIT # _____ WIDE LOAD Y ☐ N ☐

TRAILER WIDTH(S)

	0-96"	97-102"	Over 102"
Trailer 1	☐	☐	☐
Trailer 2	☐	☐	☐

TRAILER LENGTH(S) - ft
Trailer 1 _____
Trailer 2 _____

VEHICLE LENGTH (TOTAL) - ft

NO. OF AXLES

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

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

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.

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

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

(CIRCLE) (CIRCLE)
☐ _____FT / MI N E S W
☐ 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

UNIT 1

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 REAR 6 7 8 9

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

UNIT 2

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

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 REAR 6 7 8 9

TOWED DUE TO DAMAGE	Y ☐	N ☐
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

Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

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

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

Printed by authority of the State of Illinois

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

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.

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A $500 FINE AND A 30-DAY SENTENCE.

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

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 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.)

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