ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets

ORAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U	U				U	U	U	U		U	U	

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

IDOT CONTROL NUMBER

TRFW

ADDRESS NO. (OPTIONAL) | HIGHWAY or STREET NAME | CITY/TOWNSHIP (CIRCLE) | INTERSECTION RELATED ☐ 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 | PRIVATE PROPERTY ☐ Yes ☐ No | HIT & RUN ☐ Yes ☐ No | ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500 ☐ Yes ☐ No | NO. MOTOR VEHICLES INVLD | LARS CODE

VEHT U | U

UNIT

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. ☐* ☐

NO. LANES | ALGN | RSUR | VEHU U | U

UNIT

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

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HAZ MAT. ☐* ☐
COM VEH. ☐* ☐

RDEF U | BAC U | U

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

NO. OCCS U | U | DIRP U | U

UNIT

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

UNIT

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

P0196

ADDL UNITS

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

ADDL UNITS

Printed by authority of the State of Illinois

SR 1050 A 200M (REV. 1/96) 494-0735

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 | GVWR

US DOT or State No. | 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
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- Log book

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