

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 2

DIE CUT AREA

APPARENT PHYSICAL CONDITION (DRAC)
 1 Normal
 2 Impaired - alcohol
 3 Impaired - drugs
 4 Illness/Injured
 5 Medicated
 6 Had been drinking
 7 Fatigued/asleep
 8 Unknown
 9 Other
 10 Emotional
 11 Removed by EMS

SEATING POSITION (SEAT)

| | | |
|----|----|----|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 10 | 11 | 12 |

7
Inkjet passengers

8
Exposed passengers

INJURY CLASSIF. (INJ)
 K Fatal
 A Incapacitating injury
 B Nonincapacitating injury
 C Reported, not evident
 0 No indication of injury

PED / BIKE VISIBILITY (PEDV)
 1 No contrasting clothing
 2 Contrasting clothing
 3 Reflective material
 4 Other light source used

SAFETY EQUIPMENT USED (SAFT)
 1 None present
 2 Safety belt used
 3 Safety belt not used
 4 Helmet used
 5 Helmet not used
 6 Child restraint used
 7 Child restraint used improperly
 8 Child restraint not used
 9 Usage Unknown

AIR BAG DEPLOYED (AIR)
 3 Not applicable
 4 Did not deploy
 5 Deployed, front
 6 Deployed, side
 7 Deployed other (knee, air belt, etc.)
 8 Deployed, combination
 9 Deployment unknown

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

DRIVER ACTION (DRVA)
 1 None
 2 Failed to yield
 3 Disregarded 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
 44 Texting
 45 Cell phone use other than texting
 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

Private Property: This is not the area to indicate that there was private property damage. Check **Yes** only if the crash began on, ended on and all damage occurred on private property.

 If the crash began on a public roadway, it is not a private property crash; check **No**.

EJECTION OR EXTRICATION (EJCT)
 1 None
 2 Totally ejected
 3 Partially ejected
 4 Trapped/extricated
 9 Unknown

PASSENGERS & WITNESSES
 Full Name, Address, Telephone

UNIT NO.

DATE OF BIRTH
month/year

TAKEN TO (hospital)

EMS RUN NUMBER or AGENCY NAME

DIE CUT AREA

In or related on
Related: Was this an intersection related crash? A crash does not have to actually occur at an intersection to be considered intersection related. For example, if 5 vehicles are lined up at a traffic signal and a rear end collision occurs at the back of the line, 75 feet from the intersection, it is intersection related.

| TRAFFICWAY DESCRIPTION (TRFW) | |
|-----------------------------------|-------------|
| TWO-WAY | OTHER |
| 1 Not divided | 10 OneWay |
| 2 Divided - w/median (not raised) | 11 Ramp |
| 3 Divided - w/median barrier | 12 Alley |
| 4 Center turn lane | 13 Driveway |
| OTHER | |
| 7 Parking lot | |
| 8 Other | |
| 9 Unknown | |

NUMBER OF LANES (NO. LANES)
 Count through lanes, both directions. If at intersection, use *0 (zero).

| ALIGNMENT (ALGN) | |
|-------------------------|----------------------|
| 1 Straight and level | 4 Curve, level |
| 2 Straight on grade | 5 Curve on grade |
| 3 Straight on hillcrest | 6 Curve on hillcrest |

| ROADWAY SURFACE CONDITION (RSUR) | |
|----------------------------------|-------------------|
| 1 Dry | 4 Ice |
| 2 Wet | 5 Sand, mud, dirt |
| 3 Snow or slush | 6 Other |
| | 9 Unknown |

| ROAD DEFECTS (RDEF) | |
|---------------------|---------------------|
| 1 No defects | 9 Debris on roadway |
| 2 Shoulder Defect | 10 Other |
| 3 Rut, holes | 99 Unknown |
| 4 Worn surface | |

DRIVER BAC TEST RESULT (BAC)
 Enter BAC result or one of the following:
 95 Test refused
 96 Test not offered
 97 Test performed results unknown

If drug test was given put in the narrative

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| INJURY CLASSIF. (INJ) |
|----------------------------|
| K Fatal |
| A Incapacitating injury |
| B Nonincapacitating 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 |

CRASH DATA SAVES LIVES!

DIE CUT AREA

SEQUENCE AND LOCATION OF EACH EVENT

| SAFETY EQUIPMENT USED (SAFT) |
|-----------------------------------|
| 1 None present |
| 2 Safety belt used |
| 3 Safety belt not used |
| 4 Helmet used |
| 5 Helmet not used |
| 6 Child restraint used |
| 7 Child restraint used improperly |
| 8 Child restraint not used |
| 9 Usage Unknown |

| AIR BAG DEPLOYED (AIR) |
|---|
| 3 Not applicable |
| 4 Did not deploy |
| 5 Deployed, front |
| 6 Deployed, side |
| 7 Deployed other (knee, air belt, etc.) |
| 8 Deployed, combination |
| 9 Deployment unknown |

DIE CUT AREA

For each unit, enter up to 3 EVENT codes to indicate what was struck.

If a NONCOLLISION event occurs, select from EVENTS numbered 1-9.

| | EVENT | MOST | EVENT | LOC |
|--------|-------|-------------------------------------|-------|-----|
| UNIT 1 | 1 | <input checked="" type="checkbox"/> | 16 | 5 |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |
| UNIT 2 | 1 | <input checked="" type="checkbox"/> | 11 | 5 |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |

Parked Motor Vehicle

As Unit 1 backs out of a parking stall at a shopping mall, it strikes Unit 2, which is parked. The TYPE OF FIRST CRASH (COLL)=9.

Fixed Object

Unit 1 runs off the right side of the roadway, strikes a bridge support, and overturns. The TYPE OF FIRST CRASH (COLL)=6.

| | EVENT | MOST | EVENT | LOC |
|--------|-------|-------------------------------------|-------|-----|
| UNIT 1 | 1 | <input type="checkbox"/> | 1 | 3 |
| | 2 | <input checked="" type="checkbox"/> | 25 | 3 |
| | 3 | <input type="checkbox"/> | 2 | 3 |
| UNIT 2 | 1 | <input type="checkbox"/> | | |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |

Overturned

Unit 1, a tractor/semi/trailer, fails to reduce speed sufficiently while entering an interstate exit ramp. Unit 1 runs off the left side of the roadway overturns and strikes a shrub. The TYPE OF FIRST CRASH (COLL)=5.

| | EVENT | MOST | EVENT | LOC |
|--------|-------|-------------------------------------|-------|-----|
| UNIT 1 | 1 | <input type="checkbox"/> | 1 | 2 |
| | 2 | <input checked="" type="checkbox"/> | 2 | 2 |
| | 3 | <input type="checkbox"/> | 4# | 2 |
| UNIT 2 | 1 | <input type="checkbox"/> | | |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |

The Event boxes are used for identifying the sequence and location of each EVENT (EVENT) that occurred during the crash. The purpose is to identify what happened to each unit.

Select the appropriate event from the EVENT (EVENT) box on Template 1. Under the column heading (EVENT), and next to UNIT 1 on the crash report form, enter the corresponding event number code to the right of the 1 (skipping over MOST check box). If a second event occurred, select another event from the template and enter the number code to the right of the 2 next to UNIT 1. Place a third event number code to the right of the 3 next to UNIT 1 if appropriate.

Once the event number code has been entered, use the EVENT LOCATION (LOC) box on Template 1 to select a location for each event coded. Place the location number code to the right of each corresponding event code under the column heading (LOC).

Under the column heading (MOST), a check box appears to the right of each location. Determine which event appears to be the most severe and mark that corresponding box only. Only one box per unit should be marked.

A crash may involve an initial event, such as 1 - Ran off roadway, and an indication of what was struck, such as 29 - Traffic signal. Or, if two units collide on the roadway, the only entry may be 11 - Motor vehicle in traffic. When more than one event is entered, check boxes are provided to identify the single most severe event for each unit. For a Type A crash, this information may replace a diagram and narrative. However, if event information is not provided, a diagram and narrative are required.

ATTENTION: THE CMV TEMPLATE HAS BEEN MOVED TO THE BACK OF THIS SR1050 BOOKLET.