

ILLINOIS TRAFFIC CRASH REPORT

Sheet of Sheets



* 5 8 1 6 1 6 0 *

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	U1	U2	VIS	U1	U2	VEHD	U1	U2	LGHT	COLL	MANV	U1	U2	PPA	PPL
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INVESTIGATING AGENCY	<input type="checkbox"/> TYPE OF REPORT ON-SCENE <input type="checkbox"/> NOT ON-SCENE AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO.
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ADDRESS NO. (OPTIONAL)	HIGHWAY or STREET NAME	CITY/TOWNSHIP (CIRCLE)	INTERSECTION RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH	TIME	LARS CODE
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<input type="checkbox"/> (CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY	PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No	HIT & RUN <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER MOTOR VEHICLES INVLD	LARS CODE
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NAME (LAST, FIRST, M.I.)	<input type="checkbox"/> DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	TOWED	Y	N
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STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	7	9	3	FIRE	<input type="checkbox"/>	<input type="checkbox"/>
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CITY	STATE	ZIP	INJURY	EJECT	VIN	6	5	4	HAZMAT SPILL COM VEH	<input type="checkbox"/>	<input type="checkbox"/>	* IF YES SEE BELOW
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TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.
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TAKEN TO	EMS AGENCY	OWNER ADDRESS (street, city, state, zip)	TELEPHONE	POLICY NO.
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NAME (LAST, FIRST, M.I.)	<input type="checkbox"/> DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	TOWED	Y	N
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STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	7	9	3	FIRE	<input type="checkbox"/>	<input type="checkbox"/>
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TAKEN TO	EMS AGENCY	OWNER ADDRESS (street, city, state, zip)	TELEPHONE	POLICY NO.
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(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT) PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS)

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(NAME)	(ADDR)	(TEL)	(HOSP)	(EMS)
		/ /										
		/ /										
		/ /										
		/ /										
		/ /										

(ENR)	(MOST)	(EVT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)				
1	<input type="checkbox"/>			PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	PRIMARY		
2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	SECONDARY			
3	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.				
1	<input type="checkbox"/>			OFFICER ID.	SIGNATURE	BEAT / DIST.	SUPERVISOR ID	DATE POLICE NOTIFIED	TIME NOTIFIED	<input type="checkbox"/> AM <input type="checkbox"/> PM
2	<input type="checkbox"/>							COURT DATE	COURT TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
3	<input type="checkbox"/>									



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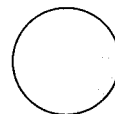
*IF YES TO HAZMAT SPILL OR COM VEH ABOVE, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

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SR 1050 600M (REV.12/01) IL 494-0736

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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. GWR ICCMC State Name None

HAZARDOUS MATERIALS: PLACARDED? if Yes: 4-Digits 1-Digit or Name

Hazardous cargo released from truck? Violation of HAZMAT regs. contribute to crash? Violation of MCS regs. contribute to crash? Inspection form completed? - HAZMAT - MCS Out of Service? Form No.

IDOT PERMIT # WIDE LOAD TRAILER WIDTH(S) TRAILER LENGTH(S) - ft VEHICLE LENGTH (TOTAL) - ft NO. OF AXLES

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. GWR ICCMC State Name None

HAZARDOUS MATERIALS: PLACARDED? if Yes: 4-Digits 1-Digit or Name

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