

# 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	

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.	HIGHWAY or STREET NAME	CITY/TOWNSHIP (Circle One)	INTERSECTION RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH mo / day / yr	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LARS CODE
(CIRCLE) FT / MI N E S W	(CIRCLE) AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY	PRIVATE PROPERTY <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

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 mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	TOWED	Y	N
STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	8 1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CITY	STATE	ZIP	INJURY	EJECT	VIN	7 9 3	6 5 4	HAZMAT SPILL	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.	99 - UNKNOWN POINT OF FIRST CONTACT	REAR	COM VEH	<input type="checkbox"/>	<input type="checkbox"/>
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.				* IF YES SEE BELOW		

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 mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	TOWED	Y	N
STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	8 1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CITY	STATE	ZIP	INJURY	EJECT	VIN	7 9 3	6 5 4	HAZMAT SPILL	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.	99 - UNKNOWN POINT OF FIRST CONTACT	REAR	COM VEH	<input type="checkbox"/>	<input type="checkbox"/>
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.				* IF YES SEE BELOW		

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

(EVNO)	(MOST)	(EVNT)	(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	DATE POLICE NOTIFIED
2	<input type="checkbox"/>			BEAT / DIST.	SUPERVISOR ID.	TIME NOTIFIED
3	<input type="checkbox"/>					COURT DATE
						COURT TIME



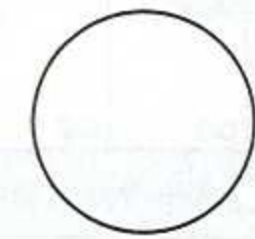
\*IF YES TO HAZMAT SPILL OR COM VEH ABOVE, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

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DIAGRAM



INDICATE NORTH BY ARROW

COMMERCIAL VEHICLE UNIT NO. \_\_\_\_\_

CARRIER NAME	SOURCE <input type="checkbox"/> Side of truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book
ADDRESS	
CITY STATE ZIP	

ID NUMBER	GVWR
US DOT _____ or State No. _____	ICCMC _____ State Name _____ <input type="checkbox"/> None

**HAZARDOUS MATERIALS:** PLACARDED?  Yes  No  
if Yes: 4-Digits \_\_\_\_\_ 1-Digit \_\_\_\_\_ or Name \_\_\_\_\_

Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>
Violation of HAZMAT regs. contribute to crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violation of MCS regs. contribute to crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection form completed?

- HAZMAT	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Out of Service?	Y <input type="checkbox"/>	N <input type="checkbox"/>
- MCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Out of Service?	<input type="checkbox"/>	<input type="checkbox"/>

Form No. \_\_\_\_\_

IDOT PERMIT # \_\_\_\_\_ WIDE LOAD  Y  N

TRAILER WIDTH(S)			TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
	0-96"	97-102"	Over 102"	
Trailer 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 1 _____
Trailer 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 2 _____

NO. OF AXLES \_\_\_\_\_

IN CITY OF /  NEAREST CITY: \_\_\_\_\_ (Circle) 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	SOURCE <input type="checkbox"/> Side of truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book
ADDRESS	
CITY STATE ZIP	

ID NUMBER	GVWR
US DOT _____ or State No. _____	ICCMC _____ State Name _____ <input type="checkbox"/> None

**HAZARDOUS MATERIALS:** PLACARDED?  Yes  No  
if Yes: 4-Digits \_\_\_\_\_ 1-Digit \_\_\_\_\_ or Name \_\_\_\_\_

Hazardous cargo released from truck? (do not count fuel from vehicle fuel tank)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>
Violation of HAZMAT regs. contribute to crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violation of MCS regs. contribute to crash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection form completed?

- HAZMAT	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Out of Service?	Y <input type="checkbox"/>	N <input type="checkbox"/>
- MCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Out of Service?	<input type="checkbox"/>	<input type="checkbox"/>

Form No. \_\_\_\_\_

IDOT PERMIT # \_\_\_\_\_ WIDE LOAD  Y  N

57 TRAILER WIDTH(S)			TRAILER LENGTH(S) - ft	VEHICLE LENGTH (TOTAL) - ft
	0-96"	97-102"	Over 102"	
Trailer 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 1 _____
Trailer 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trailer 2 _____

NO. OF AXLES \_\_\_\_\_

IN CITY OF /  NEAREST CITY: \_\_\_\_\_ (Circle) Miles N E S W of: \_\_\_\_\_

INSERT APPLICABLE NUMBERS FROM CHOICES ON BACK OF TEMPLATE TWO

VEHICLE CONFIGURATION \_\_\_\_\_ CARGO BODY TYPE \_\_\_\_\_ LOAD TYPE \_\_\_\_\_

NARRATIVE (Refer to vehicle by Unit No.)

LOCAL USE ONLY

U1 Color \_\_\_\_\_ U2 Color \_\_\_\_\_

U1 Towed by / to \_\_\_\_\_ U2 Towed by / to \_\_\_\_\_