

ILLINOIS TRAFFIC CRASH REPORT

Sheet of Sheets

DRAG	PEDV	TRFD	TRFC	WEAT	DRVA	VEHD	COLL	MANV	PPA	PPL
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1

INVESTIGATING AGENCY _____

TYPE OF REPORT:
 ON SCENE
 NOT ON SCENE
 AMENDED

AGENCY CRASH REPORT NO. _____

ADDRESS NO. _____ HIGHWAY or STREET NAME _____

(CIRCLE) (CIRCLE)
 FT / MI N E S W
 AT INTERSECTION WITH _____

(NAME OF INTERSECTION OR ROAD FEATURE) _____

DATE OF BIRTH: mo / day / yr

SEX: SAFT AIR

INJURY: EJECT

STATE: _____ ZIP: _____

NAME (LAST, FIRST, M.I.): _____

DRIVER: DRIVER PED PEDAL EQUES NMV NCV

DRIVER LICENSE NO. _____

STATE: _____

CLASS: _____

VEHICLE OWNER (LAST, FIRST M.I.) _____

OWNER ADDRESS (STREET, CITY, STATE, ZIP) _____

EMSAGENCY _____

PHONE NO. _____

POLICY NO. _____

MAKE _____ MODEL _____ YEAR _____

PLATE NO. _____ STATE _____

VIN _____

VEHICLE OWNER (LAST, FIRST M.I.) _____

DATE OF BIRTH: mo / day / yr

SEX: SAFT AIR

INJURY: EJECT

STATE: _____

CLASS: _____

VEHICLE OWNER (LAST, FIRST M.I.) _____

OWNER ADDRESS (STREET, CITY, STATE, ZIP) _____

EMSAGENCY _____

PHONE NO. _____

POLICY NO. _____

PASSENGERS & WITNESSES ONLY (NAME/L/ADDR/TEL)

UNIT	1	2	3	4
NAME				
RELATIONSHIP				
ADDRESS				
PHONE				

DAMAGED PROPERTY OWNER NAME _____

PROPERTY OWNER ADDRESS _____

ARREST NAME _____

ARREST NAME _____

OFFICER ID. _____ SIGNATURE _____

DAMAGED PROPERTY _____

CITY _____ STATE _____ ZIP _____

SECTION _____ CITATION NO. _____

SECTION _____ CITATION NO. _____

BEAT / DIST _____ SUPERVISOR ID. _____

TRFW

VEHT U1

U2

NO LANES

ALIGN

RSUR

VEHU U1

U2

RDEF

BAC U1

U2

NO. OCCS

U1

U2

DIRP

U1

U2

DATE OF CRASH: mo / day / yr

TIME: AM PM

ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500: Yes No

INTERSECTION RELATED: Yes No

PRIVATE PROPERTY: Yes No

HIT & RUN: Yes No

LARS CODE: _____

NUMBER MOTOR VEHICLES INVLD: _____

LARS CODE: _____

CIRCLE NUMBER(S) FOR DAMAGED AREA(S):

FRONT: 1 2 3 4

REAR: 5 6 7 8

00 - NONE

10 - UNDER CARRIAGE

11 - TOTAL (ALL AREAS)

12 - OTHER

99 - UNKNOWN

POINT OF FIRST CONTACT: _____

INSURANCE CO. _____

TELEPHONE _____

POLICY NO. _____

TOWED DUE TO CRASH: Y N

FIRE: HAZMAT: SPILL: COM VEH:

* IF YES SEE SIDEBAR

CIRCLE NUMBER(S) FOR DAMAGED AREA(S):

FRONT: 1 2 3 4

REAR: 5 6 7 8

00 - NONE

10 - UNDER CARRIAGE

11 - TOTAL (ALL AREAS)

12 - OTHER

99 - UNKNOWN

POINT OF FIRST CONTACT: _____

INSURANCE CO. _____

TELEPHONE _____

POLICY NO. _____

TOWED DUE TO CRASH: Y N

FIRE: HAZMAT: SPILL: COM VEH:

* IF YES SEE SIDEBAR

EMERGENCY (EMS) _____

CONTRIBUTORY CAUSE(S)

PRIMARY _____

SECONDARY _____

DATE POLICE NOTIFIED: mo / day / yr

COURT DATE: mo / day / yr

TIME NOTIFIED: AM PM

COURT TIME: AM PM

POSTED SPEED LIMIT _____

EMERGENCY (EMS) _____



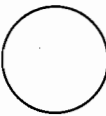
* P 0 0 6 *

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

8073800

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

INDICATE NORTH BY ARROW



NARRATIVE (Refer to vehicle by Unit No.)

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and: 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or 2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME ADDRESS CITY/STATE/ZIP USDOT NO. ILCC NO.

Source of above info. Side of Truck Papers Driver Log Book Gross Vehicle Weight Rating (GVWR) Were HAZMAT placards displayed on the vehicle?

4-digit UN no. 1-digit Hazard Class no. Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)?

Did HAZMAT Regulations violation contribute to the crash? Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?

Was a Driver/Vehicle Examination Report form completed? HAZMAT Yes No Unk Out of Service? MCS Yes No Unk Out of Service?

IDOT PERMIT NO. WIDE LOAD? TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 TRAILER 2 TRAILER LENGTH(S): 1 TRAILER 2 TOTAL VEHICLE LENGTH NO. OF AXLES

CRASH LOCATION: CITY OF NEAREST CITY MILES N E S W OR

SELECT CODES FROM BACK COVER OF CRASH BOOKLET: VEHICLE CONFIGURATION CARGO BODY TYPE LOAD TYPE

LOCAL USE ONLY Color Towed by/to