

Use black ink

ILLINOIS MOTORIST REPORT

Mail This Report to
Illinois Department of Transportation
Accident Records Section
3215 Executive Drive
Springfield, Illinois 62766-0001

For a copy of the Police
Report contact the
investigating agency.



| | | | |
|--|--|--|--|
| INVESTIGATING AGENCY | | AGENCY CRASH REPORT NO. | |
| ADDRESS NO. (OPTIONAL) | | DATE OF CRASH | |
| HIGHWAY or STREET NAME | | TIME | |
| TYPE OF REPORT ON SCENE NOT ON SCENE AMENDED | | LARS CODE | |
| COUNTY | | LARS CODE | |
| TOWNSHIP | | NUMBER MOTOR VEHICLES INVOLVED | |
| MAKE | | ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 | |
| PLATE NO. | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| VIN | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) | |
| VEHICLE OWNER (LAST, FIRST M.I.) | | FRONT 1 2 3 4 REAR 5 6 7 8 | |
| OWNER ADDRESS (STREET, CITY, STATE, ZIP) | | INSURANCE CO. | |
| EMERGENCY AGENCY | | TELEPHONE | |
| POLICE AGENCY | | POLICY NO. | |
| NAME (LAST, FIRST, M.I.) | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) | |
| STREET ADDRESS | | FRONT 1 2 3 4 REAR 5 6 7 8 | |
| CITY | | INSURANCE CO. | |
| TELEPHONE | | TELEPHONE | |
| TAKEN TO | | POLICY NO. | |

Was driver (owner) of other vehicle insured? YES NO NOT KNOWN

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square.

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES NO APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ _____

LIST PERSONS KILLED OR INJURED

| NAME | UNIT | AGE | SEX | ADDRESS |
|------|------|-----|-----|---------|
| | | | | |
| | | | | |
| | | | | |

DESCRIBE INJURIES

NAME

DESCRIBE INJURIES

NAME

DESCRIBE INJURIES

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES

APPROXIMATE COST TO REPAIR \$ _____

PROPERTY OWNERS NAME

PROPERTY OWNERS ADDRESS

DATE

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? YES NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

Name and address of representatives who sold policy.

Policy Number

Policy Period

From: _____ To: _____

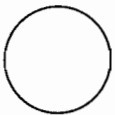
Name of Policy Holder

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Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

CIRCLE THE DAY OF THE WEEK CRASH OCCURRED. Sun Mon Tue Wed Thu Fri Sat



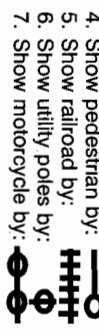
INDICATE NORTH BY ARROW

DIAGRAM WHAT HAPPENED INSTRUCTIONS

- 1. Fold/dotted lines to draw outline of roadway at place of crash.
- 2. Number each vehicle and show direction of travel by arrow.



- 3. Use solid line to show path before crash.
- 4. Show pedestrian by:
- 5. Show railroad by:
- 6. Show utility poles by:
- 7. Show motorcycle by:



YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

LEGAL REQUIREMENTS

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$500 must complete this report within 10 days after the crash.

If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

- 1. PRINT ALL NAMES AND ADDRESSES.
- 2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
- 3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.
- 4. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
- 5. SIGN THE REPORT in the space at the bottom of the front side of this report form.

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

THE PROVIDING OF FALSE INFORMATION AND CAN RESULT IN A \$500 FINE AND A 30-DAY SENTENCE.

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of \$500 or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of the potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law. It also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended. (None of the above affects any person's right to sue to recover damages.) (Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide your USDOT number below:

USDOT number _____

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?

YES NO

NARRATIVE (Refer to vehicle by Unit No.)

Large dotted grid area for writing the narrative report.

Large empty space for additional information or notes.