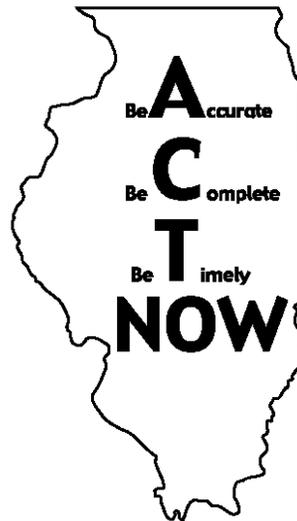


Illinois Traffic Crash Report SR 1050

2009

Instruction Manual for Law Enforcement Agencies

**Crash Data
Saves Lives!**



Illinois Department of Transportation
Division of Traffic Safety

Illinois Traffic Crash Report SR 1050



Instruction Manual for Law Enforcement Agencies

Traffic Crash Report forms are printed and furnished by the Illinois Department of Transportation, Division of Traffic Safety. To request forms and other crash reporting materials, or to obtain further information:

- call us at **(217) 782-2575**
- email us at **dot.crashforms@illinois.gov**

You may also fax a completed order form
(page 24 of this manual) to (217) 782-5149

Illinois Department of Transportation
Division of Traffic Safety
Attention: Local Liaison
P.O. Box 19211
Springfield, Il 62794-9211

This manual can also be found at:

<http://www.dot.il.gov/trafficsafety/SR1050.pdf>

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Preface

The Illinois Department of Transportation (IDOT) is pleased to provide the new Illinois Traffic Crash Report SR 1050 Instruction Manual for Law Enforcement Agencies. This manual addresses changes to the SR 1050 crash form brought about by amendments to the Illinois Vehicle Code (effective January 1, 2009), and offers clarifications and examples which should assist investigating officers in the completion of the SR 1050.

The SR 1050 is the only crash report form approved by Illinois law for use in reporting crash investigations to IDOT, the designated Administrator of crash information for the State of Illinois. **No other crash report form is authorized.** Modifications to the form are not permitted, though any suggestions for improvements are welcomed.

It is extremely important that all required fields on the SR 1050 be completed accurately, completely, and legibly. IDOT uses the crash information for a number of vital purposes, including crash analysis, roadway engineering improvements, safety program design, and ultimately, preventing death/injury on Illinois roadways. The importance of submitting complete and readable information cannot be overstated.

Timeliness is a critical factor in crash reporting. Beyond the statutory requirement to submit SR 1050 reports to IDOT “within 10 days after investigation of the motor vehicle accident” is the simple fact that punctual reporting may provide the necessary information to improve a roadway and save a life.

IDOT extends a sincere thanks to the law enforcement agencies and individual officers who perform this valuable duty for the motorists of Illinois.

Call us at **(217) 782-2575** to request crash report training from an IDOT instructor. A class can be customized to accommodate your agency’s specific training and scheduling requirements.

Electronic Crash Reporting

Please contact IDOT at **(217) 558-2899** if your agency is interested in submitting electronic crash data.

SR 1050 Crash Report Form Design

SR 1050: Crash form sets are provided in booklet form, 10 sets per booklet. Two coding templates are attached to each booklet for completion of the data fields along the top and right edges of the Police Report. Each form set contains three separate sheets: one Police Traffic Crash Report form followed by two Motorist Report forms, all separated by carbon sheets. The carbon sheets allow for most of the front side of the Motorist Report forms to be completed simultaneously when completing the front of the Police Report.

Once all information pertaining to the PASSENGERS & WITNESSES ONLY line(s) has been completed on the Police Report, the Motorist Report form(s) should be removed from the booklet and given to the motorist(s). Motorist(s) should be instructed to complete and, within 10 days, submit the Motorist Report(s) to IDOT, as required by law. The remainder of the Police Report should then be completed by the officer, and any unused Motorist Report forms (e.g., single vehicle crashes) should be destroyed.

Completing Reports: The entire report form must be completed if a crash involves an injury or a unit requires towing from the scene due to damage caused by the crash (Type B). Only the blue-shaded areas must be completed if neither of these conditions is met (Type A). However, if the **EVENT (EVNT)** boxes are left incomplete (lower left corner), a Diagram and Narrative must be provided. Also, if the investigating officer/agency believes additional information is warranted beyond what is *required* for a Type A crash, the entire report should be completed.

Additional Units: If more than two units are involved in a crash, the SR 1050A form set, commonly referred to as the ADDITIONAL UNITS form, should be used in conjunction with the SR 1050. The pre-printed primary **control number** (located under the upper bar code on the SR 1050) and the **INVESTIGATING AGENCY** field must be handwritten in the specified areas at the top of the SR 1050A. The **control number** allows IDOT to ensure that all records for each and every crash are compiled in IDOT's Crash Information System.

Amending Reports: The SR 1050A can also be used to amend completed reports that have already been forwarded to IDOT. Be sure to check the **AMENDED** box (near the top left corner) and write the pre-printed **control number** from the original crash report in the specified area. Provide the new or changed information in the appropriate field. It is not necessary to complete the entire report a second time when submitting only amended information.

Additional Information: All attachments must be copied and sent in with the matching 7 or 10-digit **control number** from the upper right corner of the original SR1050 traffic crash report.

Submitting Reports: Clear, black and white **copies** of Police Reports – **not originals** – should be forwarded to the following address:

ILLINOIS DEPARTMENT OF TRANSPORTATION
POLICE CRASH REPORT OFFICE
P.O. BOX 19211
SPRINGFIELD IL 62794-9211

Copies of Police Reports must be accompanied by a "Police Report Batch Cover Sheet." IDOT will provide cover sheets and mailing labels displaying the above address. Please do not use Motorist Envelopes to submit Police Reports.

Removal of Unused SR1050s: Please remove all unused forms older than 2009 from circulation. The date is located on the lower left corner of the form, after "SR1050." Please check all desk drawers, files, vehicles (trunks, too), lockers, etc., to ensure all unused forms older than 2009 are collected and destroyed.

Fatalities

A fatal crash is a traffic crash involving a motor vehicle in which at least one person dies within 30 days of the crash.

- **Police Crash Reports with Fatalities should be submitted as soon as possible** in pre-addressed envelopes provided by the Department for this exclusive use.
- It is the responsibility of the officer/agency to amend the crash report and **notify IDOT of any death occurring after the original crash report has been submitted, if such death is a result of the crash and occurs within 30 days of the crash.**

A crash resulting in one or more fatalities increases the importance of every data item on the SR 1050 crash form. **IDOT will vigorously pursue missing, incomplete, and/or conflicting fatal crash information.**

General Information

Print legibly, press hard, and use only black ink to complete traffic crash report forms.

Complete all required fields. When entering data codes from the two templates, make sure to distinguish between a 9 and 99 to indicate the information is Unknown or N/A (not applicable). **In many data fields, a 9 does not mean Unknown/NA.** Do not use Unknown unless a description is not listed on a template.

Known or perceived vehicles **at-fault should be entered as Unit 1.** If the at-fault vehicle is not evident, the striking unit should be entered as Unit 1. Provide a Diagram and Narrative if neither one can be determined.

Reporting Requirements

The Law: Effective January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage increases from \$500 to **\$1,500 when all drivers are insured.** However, **if any driver does not have insurance, the threshold remains \$500.** In both cases, the investigating enforcement agency must complete and forward a written report to IDOT, on a form provided/approved by IDOT, within 10 days of the crash investigation. Private property crashes are not excluded from this requirement. [625 ILCS 5/11-406 and 408]



Illinois Department of Transportation
Division of Traffic Safety

Police Crash Report Office, P.O. Box 19211, Springfield, IL 62794-9211

SR 1050

Illinois law requires Police Crash Reports to be submitted to the Illinois Department of Transportation **within 10 days after the crash investigation.**

ATTENTION

Questions? Comments? Need to order forms? Call (217) 782-2575

ATTENTION

NEW JANUARY 1, 2009

Effective January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage increases from \$500 to \$1,500 when all drivers are insured. However, if any driver does not have insurance, the threshold remains \$500. In both cases the investigating enforcement agency must complete and submit an SR 1050 report to IDOT.

Example: A 2-vehicle crash occurs causing \$800 damage to one of the units. One driver is insured but the other is not, therefore a report is required using the \$501 - \$1,500 threshold (below).

- DAMAGE TO ANY ONE PERSON'S VEHICLE/PROPERTY \$500 OR LESS
- \$501 - \$1,500
- OVER \$1,500

(As it appears on new form)

Using the same crash above, if both drivers are insured and the damage remains \$800, no report is required. However, if damage over \$1,500 occurred to either unit, a crash report is required regardless of insurance.

Note: If insurance is unknown, assume they are uninsured (hit & run or parked-no driver).

Regarding motorists: If the threshold amount is exceeded, motorists must be provided a Motorist Report form to complete and submit to IDOT.

Also added on January 1, 2009

CIRCLE DAY OF WEEK
 SU MO TU WE
 TH FR SA

Template 1 (Back)

CONTRIBUTORY CAUSE

- One code is clarified and one code is added.
- 42 Distraction – electronic communication device (cell phone, texting, etc.)
- 43 Distraction – other electronic device (navigation device, DVD player, etc.)

Other Recent Changes

Crash Form

The Commercial Motor Vehicle (CMV) configurations are now on the back cover of this booklet.

TYPE OF REPORT

- Not on scene is clarified.
- NOT ON SCENE (DESK REPORT)

UNIT TYPE

- One unit type is added to identify parked cars without drivers.
- PARKED-NO DRIVER

Continued

Template 1

- EVENT (EVNT)**
One code is revised and one is added.
- 18 Hit parked vehicle
- 44 Cable barrier

TRAFFIC CONTROL DEVICE (TRFD)

- One code is added.
- 14 Delineators

VEHICLE USE (VEHU)

- One code is added.
- 24 Lawn care/ Landscaping

PED/PEDAL LOCATION (PPL)

- One code is added.
- 7 Bikeway

PED/PEDAL ACTION (PPA)

- One code is added.
- 65 Intoxicated ped/pedal

NUMBER OF OCCUPANTS (OCCS)

- Clarification is added.
- Include driver as part of OCCS total.
Example: 3 Passengers + 1 Driver = 4

PLEASE! Choose codes from Template 1 & 2 carefully. Make sure each selection is accurate and valid. Do not use 9 and 99 interchangeably because 9 does not always denote Unknown/NA.

Step-by-Step Instructions

- See Crash Report Form with Instruction Numbers and Coding Templates on pages 29 - 35.

- 1 This **control number** is part of a pre-numbered form set. The bar code is used by IDOT to identify and file the form sheets pertaining to the crash. Do not write in this space or obliterate the numbers. Use this control number on any ADDITIONAL UNIT and/or AMENDED forms pertaining to the crash.
- 2 Enter the **name of your agency**. If your city and county have the same name, enter **City or County** after your agency name (*example: Champaign City*).
- 3 Effective January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage increases from \$500 to **\$1,500 when all drivers are insured**. However, **if any driver does not have insurance, the threshold remains at \$500**. In both cases, the investigating enforcement agency must complete and submit an SR 1050 report to IDOT.

Example: A 2-vehicle crash occurs causing \$800 damage to one of the units. One driver is insured but the other is not; therefore, a report is required using the \$501 - \$1,500 threshold (below).

DAMAGE TO ANY	<input type="checkbox"/> \$500 OR LESS
ONE PERSON'S	<input type="checkbox"/> \$501 - \$1,500
VEHICLE/PROPERTY	<input type="checkbox"/> OVER \$1,500

(As it appears on new form)

Using the same crash above, if both drivers are insured and the damage remains at \$800, no report is required. However, if damage over \$1,500 occurred to either unit, a crash report is required regardless of insurance.

Note: If insurance is unknown, assume they are uninsured (HIT & RUN or PARKED - NO DRIVER).

Regarding motorists: If the threshold amount is exceeded, motorists must be provided a Motorist Report form to complete and submit to IDOT.

- 4 Mark the appropriate box for one of the items below:
 - ON SCENE** – investigated at crash scene.
 - NOT ON SCENE (DESK REPORT)** – report taken not on scene.
 - AMENDED** – additional information not contained in the original report. **Enter the original crash report bar code number** in the space provided if using an SR 1050A form.

- 5 **Type A crash** – If no one was injured and no vehicle was towed due to damage caused by the crash, mark the box labeled **A - No Injury/Drive Away** (Type A crash). Only the blue-shaded areas on the form must be completed for a Type A crash; however, the entire report should be completed when the investigating officer/agency believes additional information is warranted.

Type B crash – If the crash involves death, injury, and/or a vehicle was towed from the scene due to damage caused by the crash, mark the box labeled **B - Injury and/or Tow Due to Crash** (Type B crash). **The entire form must be completed for Type B crashes.**

- 6 Enter **AGENCY CRASH REPORT NO.**, which is the case number assigned by your agency. Enter the **year** in the left portion of the block followed by the **sequential number**.
- 7 When available enter the **ADDRESS NUMBER** closest to the location of the crash.
- 8 Enter the **HIGHWAY** or **STREET NAME** (or **number**) on which the crash occurred.
- 9 When the crash occurs at an intersection, mark the box labeled **AT INTERSECTION WITH**. Enter the **number(s) and/or name(s)** of the intersecting highway(s) and/or street(s). An alley is not considered an intersection unless a **TRAFFIC CONTROL DEVICE (TRFD)** is present. When the crash is not at an intersection, mark the other box and enter the information below:

NUMBER or **NAME** of highway/street upon which the crash occurred
DISTANCE to nearest intersection (FT or MI)
DIRECTION from nearest intersection (N, E, S or W)
NUMBER or **NAME** of nearest intersecting highway/street

DO . . .

- Use only street names listed on a city, county or state road map. If it is a marked U.S. or state highway, use the route designation instead of the street name. Use 911 names if known.
- Indicate to/from directions prior to the crash to identify an entrance or exit ramp crash location, such as: SB (southbound) I-55 exiting onto NB (northbound) I-355.

DO NOT . . .

- Use business names or local landmarks (e.g., McDonald's entrance, old red barn, high school).

- 10 Enter the name of the **CITY/TOWN/VILLAGE** in which the crash occurred and check the box for **City**. Or, if the crash occurred outside incorporated limits, enter the name of the **TOWNSHIP OR ROAD DISTRICT** and check the box for **Township**.

If the location of the crash is in question (city vs. township), provide the name of the **City** closest to the location.

- 11 Enter the name of the **COUNTY** in which the crash occurred.

Mark the Yes or No box for the following (# 12 - 14):

- 12 **INTERSECTION RELATED** – Was this an intersection *related* crash? A crash does not have to actually occur at an intersection to be considered intersection *related*.

Example: If five 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 would be considered intersection related.

If vehicles are stopped in traffic due to an intersection, please indicate this in the Narrative.

- 13 **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.
- No:** If the crash began on a public roadway, it is not a private property crash.

Some thoroughfares through shopping center parking lots may be considered public roadways. Contact IDOT if you need clarification.

Note: Illinois law does not exempt private property crashes from the reporting requirements. When your agency investigates motor vehicle crashes on private property involving death, injury, and/or damage to one person's property over \$500 or \$1,500, depending on drivers' insurance, the law requires that an SR 1050 report be completed and a copy submitted to IDOT. Motorists involved in such crashes must complete and submit the original Illinois Motorist Report (SR 1) to IDOT. (See "Submitting Reports" on **page 5**.)

Whether a crash occurs on private property or elsewhere, the decision to investigate and report it should be based on the three criteria stipulated by law: death, injury, damage over \$500 or \$1,500 to one person's property, depending on drivers' insurance.

- 14 **HIT & RUN** – Was this a hit and run crash?
- 15 Enter the **DATE OF CRASH** (mo, day, and yr).
- 16 Circle the **DAY OF THE WEEK** the crash occurred.
- 17 Enter the **TIME** (hour and minute) of the crash using civilian time, and mark the **AM** or **PM** box.
- 18 Enter the total **NUMBER** of **MOTOR VEHICLES INVOLVED** in the crash.

- 19 **LARS CODES** are used by cities and counties participating in the Illinois Department of Transportation LOCAL ACCIDENT REFERENCE SYSTEM. In most standard operations, the records clerk completes this block. Please, **do not write in this area if you do not have LARS Codes.**
- 20 Enter the apparent at-fault unit as **UNIT 1** whenever possible. Mark the appropriate box to indicate the type of unit. (Remember, an animal cannot be a unit.)

Important: When identifying units by number (Unit 1, Unit 2, etc.), make sure each unit's number remains the same throughout the report (coding fields, Diagram, and Narrative).

- DRIVER** – person operating vehicle.
- PARKED - NO DRIVER** – when an unoccupied parked vehicle is struck.
- PED** (Pedestrian).
- PEDAL** (Pedalcyclist) – person operating bicycle, tricycle, unicycle, pedal car, etc. If a person is not actually operating the cycle at the time of the crash (i.e., walking/standing next to it), the **PED** box should be checked.
- EQUES** (Equestrian) – does not include a horse-drawn carriage and/or its occupants (see **NMV** below).
- NMV** (occupant of a Non-Motor Vehicle). *Examples: passenger on a train, occupant of a horse-drawn carriage, person sitting in a building struck by a motor vehicle.*
- NCV** (Non-Contact Vehicle) – a vehicle affecting a crash without any direct involvement (no contact); also, a pedestrian causing a crash, without any direct involvement (no contact).

Enter the **LAST NAME, FIRST NAME, and MIDDLE INITIAL (M.I.)** for that person. If available, enter the name shown on the driver's license.

If a vehicle is legally parked when struck, print **PARKED** next to the driver's name. If a vehicle is illegally parked when struck, print **ILLEGALLY PARKED**. In both instances, enter the name of the person, when known, who last had control of the vehicle and any available information.

If a **train** is involved, print the word **TRAIN** in place of the driver information and list it as **DAMAGED PROPERTY** (see # 44, 46 - 48).

Towed units should not be entered as separate units; they are considered part of the power unit. If the owner of the towed unit is different than that of the power unit, list the towed unit as **DAMAGED PROPERTY** (see # 46 - 48). A towed unit is the unpowered, pulled portion of any multi-unit combination vehicle.

- 21 Enter the **DATE OF BIRTH (mo, day, and yr)**.
- 22 Enter the **STREET ADDRESS**.
- 23 Indicate the **SEX** by printing **M** for male or **F** for female.
- 24 Enter a code for **SAFETY EQUIPMENT USED (SAFT)** from Template 2.

- 25 Enter a code for **AIR BAG DEPLOYED (AIR)** from Template 2.
- 26 Enter the **CITY, STATE, and ZIP** code.
- 27 Enter the most severe **INJURY CLASSIFICATION (INJ)** code from Template 2 according to the descriptions below:
- **K Fatal** – A fatal crash is a traffic crash involving a motor vehicle in which at least one person dies within 30 days of the crash.
 - **A Incapacitating injury** – Any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he/she was capable of performing before the injury occurred. This includes severe lacerations, broken/distorted limbs, skull injuries, chest injuries, abdominal injuries.
 - **B Nonincapacitating injury** – Any injury, other than a fatal or incapacitating injury, which is evident to observers at the scene of the crash. This includes lumps on the head, abrasions, bruises, minor lacerations.
 - **C Reported, not evident** – Any injury reported or claimed which is not listed above. This includes momentary unconsciousness, claims of injuries not evident, limping, complaints of pain, nausea, hysteria.
 - **O No indication of injury.**
- 28 Enter a code for **EJECTION OR EXTRICATION (EJCT)** from Template 2.
- 29 Enter the area code and **TELEPHONE** number. Cell phone numbers are permitted.
- 30 Enter the **DRIVER LICENSE NUMBER**. Enter NONE or N/A if appropriate.
- 31 Enter the **STATE** of driver's license issuance.
- 32 Enter the **CLASS** of Illinois driver's license. For out-of-state licenses, enter it as shown on the license (e.g., driver's, chauffeur's).
- 33 Enter the name of the hospital, doctor's office, mortuary or other place the person was **TAKEN TO**. If the person refused medical treatment, indicate such.
- 34 Enter the **EMS AGENCY** (ambulance service) that transported injured persons from the scene and the emergency medical service report or **RUN NUMBER**, when known. Enter UNKNOWN if applicable.
- 35 Enter the **MAKE** of vehicle (e.g., Ford, Chevrolet). Enter the vehicle **MODEL** (e.g., Mustang, Blazer). Enter the manufacturer's designated model **YEAR**.
- 36 Enter the license **PLATE NUMBER**. Enter the **STATE** issuing the license plate. Enter the **YEAR** that the registration expires.
- 37 Enter the **VIN** (Vehicle Identification Number).
- 38 Enter the name of the titled **VEHICLE OWNER**. If it is the same as the vehicle driver, enter SAME.

- 39** Enter the complete **OWNER ADDRESS**, if different from the driver. If it is the same as the vehicle driver, enter SAME.
- 40** Circle the **DAMAGED AREAS** on the diagram of the vehicle, or circle one of the 2-digit codes below:
- 00 NONE**
 - 10 UNDER CARRIAGE**
 - 11 TOTAL (ALL AREAS)**
 - 12 OTHER**
 - 99 UNKNOWN**

In the box labeled **POINT OF FIRST CONTACT**, enter one of the numbers (**1 – 9**) listed on or next to the vehicle diagram. Enter **52** in this box when the only damage to a multi-unit combination vehicle is to the unpowered, towed portion of the unit.

- 41** Mark the **Y** (Yes) or **N** (No) box for the items below:
- **TOWED** – Check yes if the vehicle was towed due to damage from the crash.
 - **FIRE** – Was there a fire involving this vehicle?
 - **HAZMAT SPILL** (Hazardous Material) – If yes is checked, complete the COMMERCIAL MOTOR VEHICLE section on the reverse side of the report form. Note: a vehicle's own fuel is not considered a hazardous material.
 - **COM VEH** (Commercial Vehicle) – If a commercial vehicle was involved, complete the COMMERCIAL MOTOR VEHICLE section on the reverse side of the report form.
- 42** Enter the name of the **INSURANCE COMPANY** (not agent) which issued the policy for the vehicle. Enter NONE if not insured. Enter SELF-INSURED if appropriate.
- 43** Enter the **POLICY NUMBER** from the insurance card.
- 44** Enter the same information for the other traffic units following the instructions for **# 20 - 43**. **If a train is involved, do not list the engineer as the driver of Unit 2.** See **# 46** for entering train information.
- 45** Only information for **PASSENGERS & WITNESSES** should be entered in this section. As is the case elsewhere on the form, only the blue-shaded fields are required to be completed for Type A crashes, while all fields are to be completed for Type B crashes.
- Enter the corresponding **UNIT** number for each individual listed. Enter **W** in the same box if listing a WITNESS.
 - Enter the corresponding **SEAT** number from the **SEATING POSITION (SEAT)** diagram located on Template 2. Number **7** is to be used if the passenger is occupying any other space in an enclosed vehicle. Cycle passengers legally seated are also to be coded as seat position **7**. Number **8** is to be used if the passenger is outside the vehicle (e.g., truck bed, fender, etc.). Use seat positions **10, 11, 12** to account for passenger vehicles with an additional row of seats.
 - Complete the remaining fields for each listed individual in the same manner used to complete the UNIT section(s) addressed above in **# 20 - 34**.

46 Enter the **DAMAGED PROPERTY OWNER NAME** (last, first, middle initial).

Wild animals are owned by the State of Illinois (no address required).

If a **train** is involved, print the word **TRAIN** in place of the driver information and list it as **DAMAGED PROPERTY**. Indicate the **NAME OF THE RAILROAD COMPANY** (in **# 46**), the **LOCOMOTIVE NUMBER** (in **# 47**), and the **OWNER'S ADDRESS** (in **# 48**). Damaged property contained within a vehicle should not be listed on the crash report.

47 Enter a description of **DAMAGED PROPERTY** other than vehicles.

48 Enter the **PROPERTY OWNER ADDRESS (STREET, CITY, STATE, ZIP)**.

49 From the back of Template 1, select one or two **CONTRIBUTORY CAUSE** code(s) for the crash (not each vehicle). Further instructions and examples are listed beneath the code descriptions. Enter one or two codes per crash, not per unit.

50 Enter the **POSTED SPEED LIMIT** for the roadway upon which the crash occurred. If the crash occurred at an intersection, enter the **POSTED SPEED LIMIT** for the primary roadway.

51 Enter the **ARREST NAME** for the person who was arrested (last, first, middle initial).

52 Enter the violation **SECTION** number(s) from the Illinois Vehicle Code (IVC) / Illinois Compiled Statutes (ILCS). **List the most serious violation first.**

53 Enter the complete **CITATION NUMBER(S)**.

54 Enter the **mo/day/yr** the police were notified of the crash (**DATE POLICE NOTIFIED**).

55 Enter the hour and minute the police were notified (**TIME POLICE NOTIFIED**) and mark the **AM** or **PM** box.

56 Enter the investigating **OFFICER ID** number.

57 Enter the investigating officer's **SIGNATURE**. Rank may be included.

58 Enter the investigating officer's **BEAT / DISTRICT**, zone, and/or precinct if applicable.

59 Enter the **SUPERVISOR ID** number and/or name of the sworn officer reviewing the completed report.

60 Enter the **COURT DATE (mo/day/yr)**.

61 Enter the **COURT TIME** and mark the **AM** or **PM** box.

➤ **Sequence and Location of Each EVENT (EVNT) – See examples on pages 22 and 23.**

Instructions # 62 - 64 are used for identifying the **sequence** and **location** of each **EVENT (EVNT)** that occurred during the crash. The purpose is to identify what happened to each unit. Boxes are provided to identify three different events for each unit, from any of the following three categories on Template 1:

- **NONCOLLISION**
- **COLLISION WITH: NOT FIXED OBJECTS**
- **COLLISION WITH: FIXED OBJECTS**

- 62** Select the appropriate event from the **EVENT (EVNT)** box on Template 1. Under the column heading (**EVNT**), and next to **UNIT 1** on the crash report form, enter the corresponding event number code to the right of the **1** (skipping over the **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.
- 63** 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**).
- 64** Under the column heading (**MOST**), a check box appears to the left of each **EVENT** number. Determine which event appears to be the most severe and mark that corresponding box only. Only one box per unit should be marked.

Follow the procedures for # 62 - 64 for each unit listed on the crash report. Again, it is possible to list 1, 2, or 3 events/locations for each unit. If additional events occurred during the crash, list only the three most severe.

When 9 - OTHER NONCOLLISION is selected, no other entry should be entered. It should be used only when no other **EVENT** occurred and the vehicle did not strike someone or something. *Example: an injury caused by an occupant falling from the vehicle.*

A **FIXED OBJECT** can generally be thought of as an object that is intentionally constructed or placed at a particular location usually off or adjacent to the roadway.

A crash may involve an initial event, such as **1 - Ran off the 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 Type A crashes, this information may replace a Diagram and Narrative. However, **if event information is not provided, a Diagram and Narrative are required.**

➤ **Coding Boxes – See Crash Forms with Instruction Numbers & Coding Templates on pages 29 - 35.**

Fields # **65 - 87** are to be completed using the numeric codes listed on **Template 1 and 2**. Only the blue-shaded fields must be completed for Type A crashes. Enter a **9** or **99** if the information is not available and/or not applicable. **Do not use 9 indiscriminately: it represents something other than Unknown/NA in 2-character fields.** *For instance, in the **EVENT (EVNT)** field on Template 1, a **9** denotes **Other noncollision**.*

Important: When identifying units by number (Unit 1, Unit 2, etc.), make sure each unit's number remains the same throughout the report (i.e., coding fields, Diagram, Narrative, other attachments).

- 65** Enter a code for the **APPARENT PHYSICAL CONDITION (DRAC)** of each driver prior to the crash from Template 2.
- 66** Enter a code for **PED / BIKE VISIBILITY (PEDV)** from Template 2, if applicable.
- 67** Enter a code for the **type** of **TRAFFIC CONTROL DEVICE (TRFD)**, if any, at the crash location from Template 1. If the crash is intersection related, enter the type of device at the intersection, regardless of that device's proximity to the actual crash location or its relevance to the crash.
- 68** Enter a code for the **DEVICE CONDITION (TRFC)** at the time of the crash, from Template 1.
- 69** Enter a code for the **WEATHER CONDITION (WEAT)** at the time of the crash, from Template 1.
- 70** For each driver, enter a code for the **DRIVER ACTION (DRVA)** that contributed to the crash, from Template 2.
- 71** Enter a code for the object or condition that obscured **DRIVER VISION (VIS)** for each unit, from Template 2.
- 72** Enter a code for the contributing **VEHICLE DEFECTS (VEHD)** or apparent malfunction for each unit, from Template 2.
- 73** Enter the most appropriate code for the **LIGHTING CONDITION (LGHT)** at the time of the crash, from Template 1.

- 74 Enter a code from Template 1 to indicate the **TYPE OF FIRST CRASH (COLL)**, using the criteria below. The purpose of this field is to **identify what caused the first damage or injury, not the most harmful event**. The first damage or injury is to be provided in the EVENTS portion of the form (# 64).

SINGLE VEHICLE CRASH Types (Codes 1 – 8) – See page 24 for definitions of the crash types, examples, and additional help.

A SINGLE VEHICLE CRASH occurs when a motor vehicle's **first damage/injury is with someone or something other than another motor vehicle**. This type of crash may eventually involve other motor vehicles, but if the first damage/injury is between any two motor vehicles, it would not be a SINGLE VEHICLE CRASH.

.....

MULTI-VEHICLE CRASH Types (Codes 9 – 15) – See page 25 for definitions of the crash types, examples, and additional help.

A MULTI-VEHICLE CRASH occurs when a motor vehicle's **first damage/injury is with another motor vehicle**. If two or more vehicles are involved in a crash, but the first damage/injury is between a motor vehicle and someone or something other than another motor vehicle, it is not a MULTI-VEHICLE CRASH.

To determine which of the MULTI-VEHICLE CRASH types best describes the crash, the **first consideration should be the intended direction of travel** of each motor vehicle prior to the onset of the crash. The direction of travel or position/angle of the vehicles at the point of contact is not the primary consideration.

- 75 Enter a code from Template 1 for the **VEHICLE MANEUVER PRIOR (MANV)** to the crash for each unit. Going straight should be entered only if no other code applies. Priority should be given to actions at the top of the list.
- 76 Enter a code from Template 1 for the **PED/PEDAL ACTION (PPA)** prior to the crash. Enter number **53** if a school aged (5-19) pedestrian is struck within 50 feet of a school bus by either the bus or another vehicle.
- 77 Enter a code from Template 1 for the **PED/PEDAL LOCATION (PPL)** prior to the crash.
- 78 Enter a code from Template 2 for the **TRAFFICWAY DESCRIPTION (TRFW)**.
- 79 Enter a code from Template 1 for the general **VEHICLE TYPE (VEHT)** of each unit involved in the crash. A taxi is coded **1 - Passenger** (car); its use will be identified in the **VEHICLE USE (VEHU)** boxes (# 83).
- 80 Enter the **NUMBER OF LANES (NO. LANES)**, counting through lanes in both directions, whether or not the roadway is divided by a median (Template 2). Do not include left, right, or bi-directional turn lanes. Enter a **0** if the crash occurred at an intersection.

- 81 Enter a code from Template 2 for the **ALIGNMENT (ALGN)** of the roadway on which the crash occurred.
- 82 Enter a code from Template 2 for the **ROADWAY SURFACE CONDITION (RSUR)** at the time of the crash.
- 83 Enter a code from Template 1 for the intended or actual **VEHICLE USE (VEHU)** of each unit at the time of the crash.
- 84 Enter a code from Template 2 for any **ROAD DEFECTS (RDEF)** present at the time of the crash. **If the crash occurs within or in the vicinity of a construction zone, maintenance zone, utility work zone, or work zone - unknown type, enter a 2, 3, 4, or 5, respectively.**

*Example: If a crash occurs while vehicles are slowing in the approach to a construction zone, but not yet within the marked boundaries of the zone, it is considered **construction zone** related and a **2** should be entered.*

- 85 Enter the **DRIVER BAC TEST RESULT (BAC)** or the appropriate code from Template 2 for each driver.

Important: If entering a BAC when a test was taken with known results, be careful to clearly and accurately place the decimal point using one of the following formats (depending on the actual reported results):

.XX or .XXX

*Examples: A BAC test result of .08 should be reported as **.08** – not 0.8 or 8 or 08 (without the decimal point). A BAC test result of .095 should be reported as **.095** – not .95 (impossible result) or 95 (code for Test Refused).*

If a drug test was given, indicate such in the Narrative. **If a fatality occurs due to the crash, update and immediately send IDOT the BAC information as you receive it**, using the SR 1050A AMENDED/ADDITIONAL UNITS form.

- 86 Enter the total **NUMBER OF OCCUPANTS (NO. OCCS)**, including the driver, known to be in each unit at the time of the crash (Template 1).
Example: 3 passengers + 1 driver = 4 Occupants.

- 87 Enter a code from Template 1 to indicate the **DIRECTION TRAVEL PRIOR (DIRP)** to the crash for each unit. This can be used to determine MULTI-VEHICLE CRASH types for **# 74**, above.

*Example: If the **DIRECTION TRAVEL PRIOR** to the crash is **7** (West) for Unit 1, and **3** (East) for Unit 2, then the **TYPE OF FIRST CRASH (COLL)** must be a 10 - Turning, 13 - Sideswipe opposite direction, or 14 - Head on.*

The reverse side of the form **must** be completed for crashes involving **death, injury, or one or more units being towed from the scene** because of damage from the crash.

If a commercial vehicle is involved in the crash, the Commercial Motor Vehicle (CMV) information must be completed (**page 20**).

➤ **Diagram and Narrative**

Important: *When identifying units by number (Unit 1, Unit 2, etc.), make sure each unit's number remains the same throughout the report (i.e., coding fields, Diagram, Narrative, additional attachments).*

- 88** Complete a **Diagram** to illustrate, as simply as possible, what happened during the crash. Number each unit to correspond with the same numbers assigned on the front of the report. The direction of travel for each unit must be indicated with an arrow. **INDICATE NORTH** with an **ARROW** in the circle located in the upper right corner. All Diagrams should show highway numbers and/or street names, as well as other roadway features/objects, that pertain to the crash. If additional space is needed, provide an attachment. The primary **control number (# 1)** and the sheet number of the total report must be indicated on any attachment.

It will be assumed that the investigating officer did not witness the crash, and that the Diagram is not drawn to scale (it is not a reconstruction), unless otherwise noted. **A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.**

Do not enter "See Reconstruction Report" instead of a Diagram. Provide a simple Diagram even if a reconstruction report will follow.

- 89** The **Narrative** should describe what happened as briefly as possible. The Narrative should describe the main events of the crash. Refer to units by numbers previously assigned. Any contributing circumstances or significant details not covered in the codes on the form should be included. Information on drug testing should be indicated in this area. If additional space is needed, a more detailed Narrative should be written on a separate attached sheet. The primary **control number (# 1)** and the sheet number of the total report should be indicated on this attachment.

Do not enter "See Reconstruction Report" instead of a Narrative. Provide a simple Narrative even if a reconstruction report will follow.

- 90** The **LOCAL USE ONLY** section may be used by the reporting officer or the local agency to record information not entered elsewhere on the form. An area for vehicle color and towing information has been designated.

➤ **COMMERCIAL MOTOR VEHICLES (CMV) – See page 30 to view CMV section on the crash form.**

Fields # 91 - 106, on the right side of the form (back), should be completed for crashes involving commercial motor vehicles.

Commercial motor vehicle means any self propelled or towed vehicle used on public highways in interstate and intrastate commerce to transport passengers or property when:

- (a) The vehicle has a gross vehicle weight, a gross vehicle weight rating, a gross combination weight, or a gross combination weight rating of 10,001 or more pounds; or
- (b) The vehicle is designed to transport more than 15 passengers, including the driver; or
- (c) The vehicle is designed to carry 15 or fewer passengers and is operated by a contract carrier transporting employees in the course of their employment on a highway of this State; or
- (d) The vehicle is used in the transportation of hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act.

This definition does not include farm machinery, fertilizer spreaders, and other special agricultural movement equipment described in Section 3-809 [625 ILCS 5/3-809] or implements of husbandry as defined in Section 1-130 [625 ILCS 5/1-130].

- 91** Enter the **CARRIER NAME** and corporate **ADDRESS** of the motor carrier.
- 92** Mark the appropriate box indicating the **SOURCE** of the carrier name and address.
- 93** Enter all available **ID NUMBERS**, including the **US DOT** federal census number and the **ILCC** (Illinois Commerce Commission) number. These numbers are generally located on either side of the cab or power unit.
- 94** Enter the **Gross Vehicle Weight Rating (GVWR)**. GVWR means the value specified by the manufacturer as the loaded weight of a single vehicle (vehicle weight combined with load weight). Include the power unit and trailer(s). Ratings are listed on the Federal certification label or tag generally located on the driver-side doorpost of the power unit and on the forward half of the left side of the trailer(s). If the GVWR is not available, use the Gross Combination Weight Rating (GCWR), which is the GVWR of the power unit combined with the total weight of the towed unit and any load thereon.
- 95** Mark the appropriate box indicating the display of **HAZMAT** (Hazardous Materials) **PLACARDS**.

If YES, enter on the appropriate line:

- The class **name** from any one placard (if applicable);
- The **4-digit** number from the center of the placard (product ID number);
- The **1-digit** placard number (lower corner).

- 96** Mark the appropriate box indicating a **HAZMAT spill** (do not count fuel from the vehicle fuel tank).
- Mark the appropriate box indicating whether a **HAZMAT regulations violation** contributed to the crash.
- Mark the appropriate box indicating whether a **Motor Carrier Safety (MCS) Regulations violation** contributed to the crash.
- Mark the appropriate box indicating completion of a **HAZMAT** and/or **MCS Examination Report form**, and enter the Illinois Commercial Driver/Vehicle Examination Report **Form Number (Form No.)**.
- Mark the appropriate box to indicate if any **Out of Service** violations were cited.
- 97** Enter the 7-digit oversize/overweight **IDOT PERMIT NO.**, if any.
- 98** Mark the appropriate box to indicate if it was a **WIDE LOAD**.
- 99** Mark the appropriate box to indicate the **TRAILER WIDTH(S)**.
- 100** Enter the **TRAILER LENGTH(S)**, to the nearest foot.
- 101** Enter the **TOTAL VEHICLE LENGTH** including the power unit and trailer(s), to the nearest foot.
- 102** Enter the total **NUMBER OF AXLES (NO. OF AXLES)** on the vehicle. Include the power unit and trailer(s).
- 103** Mark the appropriate box to indicate **CITY OF** or **NEAREST CITY**.
- Enter the **NAME** of the city or nearest city on the line provided. If **NEAREST CITY** is marked, enter the distance in miles and tenths of a mile and circle **N**, **E**, **S**, or **W** for the direction **from** the city.
- 104** From the back cover of the crash booklet, enter the number corresponding to the **VEHICLE CONFIGURATION** best describing the vehicle.
- 105** From the back of cover of crash booklet, enter the number corresponding to the **CARGO BODY TYPE**, when applicable.
- 106** From the back cover of crash booklet, enter the number corresponding to the **LOAD TYPE**, when applicable.

Coding Examples

SEQUENCE OF EVENTS (EVNT) and TYPE OF FIRST CRASH (COLL)

(# 62 - 64) (# 74)

Figure 1 – Pedestrian

Unit 1 is in an intersection making a turn. Unit 1 strikes a pedestrian crossing the street.
TYPE OF FIRST CRASH (COLL) = 1.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	12	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 2	1	<input checked="" type="checkbox"/>	11	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 1a – Pedestrian/Vehicle

Two highway maintainers are standing in the roadway next to their truck, Unit 4 (flashers on), spreading gravel. Unit 1 strikes both workers and the truck. (Units 2 and 3 are pedestrians.)
TYPE OF FIRST CRASH (COLL) = 1.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	12	1
	2	<input type="checkbox"/>	12	1
	3	<input type="checkbox"/>	18	1
U N I T 2	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 3	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 4	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 2 – Pedalcyclist

Unit 1 is in an intersection making a turn. Unit 1 strikes a pedalcyclist.
TYPE OF FIRST CRASH (COLL) = 2.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	13	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 2	1	<input checked="" type="checkbox"/>	11	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 3 – Train

Unit 1 is struck by a train while crossing railroad tracks.
TYPE OF FIRST CRASH (COLL) = 3.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	14	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 4 – Animal

A deer is struck by Unit 1 on the roadway.
TYPE OF FIRST CRASH (COLL) = 4.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	15	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 5 – 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.
TYPE OF FIRST CRASH (COLL) = 5.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input type="checkbox"/>	1	2
	2	<input checked="" type="checkbox"/>	2	2
	3	<input type="checkbox"/>	41	2
U N I T 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 6 – Fixed Object

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

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input type="checkbox"/>	1	3
	2	<input checked="" type="checkbox"/>	25	3
	3	<input type="checkbox"/>	2	3
U N I T 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 7 – Other Object

Unit 2 strikes scrap metal lying on the roadway.
TYPE OF FIRST CRASH (COLL) = 7.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	20	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 8 – Other Noncollision

Unit 1 makes a sharp left turn at an intersection. The front passenger door opens and the unbelted occupant is thrown from the vehicle, suffering serious injury.
TYPE OF FIRST CRASH (COLL) = 8.

	(ENVO)	(MOST)	(EVNT)	(LOC)
U N I T 1	1	<input checked="" type="checkbox"/>	9	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
U N I T 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 9 – Parked Motor Vehicle

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

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	18	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"/>		

Figure 9a – Parked Motor Vehicle

An unknown vehicle strikes Unit 2 and Unit 3, which are parallel parked along the right roadway.
 TYPE OF FIRST CRASH (COLL) = 9.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	18	1
	2	<input type="checkbox"/>	18	1
	3	<input type="checkbox"/>		
UNIT 2	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 3	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 4	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 10 – Turning

While turning right onto an eastbound roadway, Unit 2 is struck by Unit 1, which is also eastbound but fails to stop at the 4-way stop intersection. A Turning crash takes precedence over all other multi-vehicle crash types except 9 - Parked.
 TYPE OF FIRST CRASH (COLL) = 10.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	11	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 2	1	<input checked="" type="checkbox"/>	11	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 11 – Rear End

Unit 1 is following Unit 2 in the same lane on an interstate. Unit 1 strikes Unit 2 from behind causing Unit 2 to strike a median wall.
 TYPE OF FIRST CRASH (COLL) = 11.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 2	1	<input type="checkbox"/>	11	1
	2	<input type="checkbox"/>	1	2
	3	<input checked="" type="checkbox"/>	24	2

Figure 12 – Sideswipe Same Direction

Unit 1 begins to pass Unit 2 on the left while traveling in the same direction on a 2-lane highway. Due to oncoming traffic, Unit 1 attempts to re-enter his traffic lane prematurely, striking the left side of Unit 2 with its right side.
 TYPE OF FIRST CRASH (COLL) = 12.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 2	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Figure 13 – Sideswipe Opposite Direction

Unit 1 and Unit 2 are traveling in opposite directions on a 2-lane highway. Unit 1 slips on ice and veers left, striking oncoming Unit 2. All damage is to one side of each vehicle. Unit 2 spins off the right side of the roadway and overturns into a ditch.
 TYPE OF FIRST CRASH (COLL) = 13.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 2	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>	1	3
	3	<input type="checkbox"/>	2	3

Figure 14 – Head-on

Unit 1 and Unit 2 are traveling towards one another in opposite directions on a 2-lane roadway. Unit 1 loses control and crosses the centerline into the path of oncoming Unit 2. The front of Unit 1 strikes Unit 2 on the driver's door.
 TYPE OF FIRST CRASH (COLL) = 14.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 2	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Note: The definition of a Head-on crash is “a collision between two vehicles approaching each other from opposite directions and the first contact results in frontal damage to at least one of the vehicles.”

Figure 15 – Angle

Northbound Unit 2 proceeds through an intersection when the red light turns green. Eastbound Unit 1 fails to stop at the red light and strikes Unit 2 broadside. Unit 2 is pushed into a traffic signal.
 TYPE OF FIRST CRASH (COLL) = 15.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input checked="" type="checkbox"/>	11	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
UNIT 2	1	<input checked="" type="checkbox"/>	11	4
	2	<input type="checkbox"/>	1	3
	3	<input type="checkbox"/>	29	3

Definitions for TYPE OF FIRST CRASH (COLL)

– with additional examples

Single Vehicle Crash Types

A **SINGLE VEHICLE CRASH** occurs when a motor vehicle's **first damage/injury is with someone or something other than another motor vehicle**. This type of crash may eventually involve two or more motor vehicles, but the first contact is not between any two motor vehicles.

- 1 Pedestrian crash** – a collision involving a pedestrian and a motor vehicle when the **pedestrian is the first contact** for the vehicle. If a motor vehicle has contact with another vehicle or object before striking the pedestrian, then the crash is not a Pedestrian crash.
- 2 Pedalcyclist crash** – a collision involving a pedalcyclist and a motor vehicle when the **pedalcyclist is the first contact** for the vehicle. If a motor vehicle has contact with another vehicle or object before striking the pedalcyclist, then the crash is not a Pedalcyclist crash.
- 3 Train crash** – a collision involving a railway vehicle and a motor vehicle when the **railway vehicle is the first contact** for the motor vehicle. If a motor vehicle has contact with another vehicle or object before striking the railway vehicle, then the crash is not a Train crash.
- 4 Animal crash** – a collision involving an animal and a motor vehicle when the **animal is the first contact** for the motor vehicle. An animal other than one powering another road vehicle (such as a buggy), should not be shown as a unit. If a motor vehicle has contact with another vehicle or object before striking an animal, then the crash is not an Animal crash. **All animals should be entered as Damaged Property. Wild animals are owned by the State of Illinois** (no address required).
- 5 Overturned crash** – a motor vehicle overturning without first striking another motor vehicle or an object.
- 6 Fixed object crash** – a collision of a motor vehicle with a fixed object when no other vehicle or object has been struck. The Fixed object crash **always occurs off pavement (roadway) unless the vehicle has struck the underside of an overpass, a curb, an overhead sign, an overhead traffic control device, or a railway crossing gate**. The **EVENT** prior to striking the fixed object must be **Ran off the roadway**, unless the fixed object is one of those listed above.
- 7 Other object crash** – a collision of a motor vehicle with an object that is **not a fixed object**. In general, **other objects** are not intended to be in the roadway; however, this collision can occur on or off the roadway. *Examples of other (not fixed) objects: fallen trees, stones, other objects not moving when struck.*
- 8 Other noncollision crash** – a motor vehicle that has **not collided** with another motor vehicle or object, or has **not overturned**. This crash type is **also used in crashes where a breakage of any part of the motor vehicle (e.g., blown tire) precedes other collision types (e.g., fixed object, overturned, etc)**. *Examples of Other Noncollision crashes: jackknife; fire starting in a motor vehicle while it is in transport; an object falling on or in a motor vehicle in transport causing damage; breakage of any part of the motor vehicle resulting in injury or further property damage; injury or damage that is of a noncollision nature involving only the motor vehicle.*

Example 1: *Unit 1 skids on a patch of ice, spins out of control, leaves the roadway, and strikes a tree in the median. This should be coded **6 - Fixed object**. Note: simply losing control and leaving the roadway does not, in this case, cause damage or injury; consideration must be given to when damage actually occurs. Therefore, losing control does not warrant coding this crash **8 - Other noncollision**.*

Example 2: *Unit 1 is traveling north on a two-lane roadway when a deer crosses its path. Unit 1 strikes the deer, overturns, and strikes another motor vehicle traveling in the opposite direction. This should be coded **4 - Animal** because Unit 1 struck the deer before overturning and striking the other motor vehicle.*

Multi-Vehicle Crash Types

A **MULTI-VEHICLE CRASH** occurs when a motor vehicle's **first damage/injury is with another motor vehicle**. Therefore, if two or more vehicles are involved in a crash but the first contact is between a motor vehicle and someone or something other than another motor vehicle, it is not a MULTI-VEHICLE CRASH.

- The **primary at-fault vehicle** should be entered as UNIT 1.
- The **intended direction of travel** of each motor vehicle prior to the onset of the crash should determine the selection of the MULTI-VEHICLE CRASH code – not the direction of travel or position/angle of the vehicles at the point of contact.

If the **first damage/injury occurs when two vehicles strike, you must select from codes 9 - 15**. More than two motor vehicles may be involved in a crash.

- 9 Parked motor vehicle crash** – a collision between a moving motor vehicle and a legally parked motor vehicle. This crash type takes precedence over all other MULTI-VEHICLE CRASH TYPES.
- 10 Turning crash** – takes precedence over all other MULTI-VEHICLE CRASH TYPES, except 9 - Parked motor vehicle. There are two categories: **intersection related** and **non-intersection related**.

Intersection related: An intersection is the immediate area where two or more public roadways converge/overlap. To be a **Turning crash** occurring at an intersection, the initial impact must take place within the specific boundaries of the intersection. **At least one unit must be in the process of performing a turning maneuver, which begins once the turning unit enters the intersection.** If the intention is to turn and the unit has entered the intersection, it is a Turning crash.

Crashes occurring in turn lanes approaching but not within an intersection should not be coded as a Turning crash. **When a Rear end type of collision occurs** within the boundaries of a channelized turn lane separated from but adjacent to the intersection, it should be coded as a **Rear end crash** (see **# 11**).

Non-intersection related: Non-intersection related **Turning crashes** are those occurring at unnamed exit/entry ways to parking lots, alleys, and residential, commercial, or public driveways. (These are not considered intersections.)

- 11 Rear end crash** – a collision between motor vehicles where vehicles cause either front end and/or rear end damage to another vehicle. All motor vehicles need not be going forward.
- 12 Sideswipe same direction crash** – a collision involving motor vehicles traveling in the same direction and the contact results in damage to the sides of both motor vehicles.
- 13 Sideswipe opposite direction crash** – a collision involving motor vehicles approaching each other from opposite directions and the contact results in damage to the sides of both motor vehicles.
- 14 Head-on crash** – a collision between two vehicles traveling in opposite directions where the first damage is primarily to the front area of at least one of the involved vehicles.
- 15 Angle crash** – a collision between two motor vehicles approaching a location, such as an intersection, at an angle to each other where the **intent of both motor vehicles is to go straight** (forward or reverse). Other locations where an **Angle crash may occur** would be a **driveway entrance or diagonal parking position**. An Angle crash cannot occur on an interstate.

Example 1: Two motor vehicles are at the same intersection heading in opposite directions. Unit 1 loses control, crosses a median, and strikes Unit 2 at an angle, with nearly all damage occurring on one side of each motor vehicle. This should be coded as **13 - Sideswipe opposite direction**, even though the motor vehicles collided at an angle, **based on the intended direction of each unit** prior to the onset of the crash.

Example 2: Unit 1 approaches a four-way stop intersection from the east. Unit 1 slides on a patch of ice, spins through the intersection, and strikes Unit 2, which proceeded southward through the intersection after stopping. Each motor vehicle sustains damage to the front end only. This should be coded as **15 - Angle based on the intended direction of each unit** prior to the onset of the crash.

Common Errors

TYPE OF FIRST CRASH (COLL)

When selecting a code for **COLL**, do not base your choice on what caused the most severe damage/injury. Select the crash code that illustrates what caused the **first damage/injury**.

A **SINGLE VEHICLE CRASH** occurs when a motor vehicle's **first damage/injury is with someone or something other than another motor vehicle**.

Example: A motor vehicle skids on ice, loses control, and strikes a guardrail. The **COLL** is **6 - Fixed object** because no damage occurred until the guardrail was struck. Losing control does not cause damage; therefore, it does not warrant a **COLL** type code of 8 - Other noncollision.

If the **first damage/injury occurs when two vehicles strike**, select a **MULTI-VEHICLE CRASH** code (9-15). The vehicles' **intended direction of travel** prior to the crash should be the **first** consideration when choosing a **COLL** type.

Example: Unit 1 and Unit 2 are SB on a four-lane roadway. Unit 1 skids on ice, loses control, spins into the lane of Unit 2, and both vehicles collide at an angle. The **COLL** is **12 - Sideswipe same direction** because **COLL** is **based on the vehicles' intended direction of travel prior to the crash** and not the position of the vehicles when they collide.

PRIVATE PROPERTY

Check **Yes (# 13) only if** the crash began on and all damage occurred on private property.

Example: Unit 1 is parked at an incline in a driveway on residential property. Unit 1 rolls down the driveway, travels across the roadway, and crosses a yard. Unit 1 comes to a stop as it strikes the house across the street. The Crash Report should be marked as **Private Property** because even though Unit 1 crossed the roadway, the **crash started on Private Property, ended on Private Property, and all damage occurred on Private Property**.

If Unit 1 had started on the roadway and ended on Private Property, it would not be a Private Property crash.



Illinois Department of Transportation

Division of Traffic Safety
1340 North 9th Street / P.O. Box 19211 / Springfield, Illinois / 62794-9211

ORDER FORM

Month Day Year

FOR FAST SHIPPING AND DELIVERY OF YOUR ORDER: CALL (217) 782-2575

You may also order materials by **email to dot.crashforms@illinois.gov** or photocopy and complete this form and **fax to (217) 782-5149**.

Indicate the desired amount below. Note that the quantities shipped may be based on available supply.

QUANTITY DESIRED	<u>ITEM</u>
	SR 1050 Illinois Traffic Crash Report Form (3-part sets), 10 forms per booklet
	SR 1050A Additional Units/Amended Report Form (3-part sets), singles
	SR 1 Motorist Report Form, singles
	SR 1MCR Electronic Motorist Report Form, tablets of 50
	Motorist Envelope (for use by motorists only)
	Police Fatal Envelope (for immediate submittal of fatal reports)
	Mailing Label (for submitting Police Crash Report copies to IDOT)
	Instruction Manual – for SR 1050/1050A Illinois Traffic Crash Report Form
	Diagram Template – Blue Plastic (large)
	Diagram Template – Clear Plastic (medium)
	Diagram Template – Blue Plastic (small)
	CMV Visor Cards
	Police Report Batch Control Sheet
	Property Damage Estimator (OCC2227)
	Other:

FOR IDOT USE ONLY														
														Count
														Taken by

STREET ADDRESS REQUIRED - CARRIER WILL NOT DELIVER TO P.O. BOX

Agency _____

Chief/Sheriff _____

Attention _____

Address _____

City _____ **Zip** _____

Telephone _____ **Fax** _____

Email (optional) _____



Illinois Department of Transportation

Division of Traffic Safety

Police Crash Report Office, P.O. Box 19211, Springfield, IL 62794-9211

SR 1050

Illinois law requires Police Crash Reports to be submitted to the Illinois Department of Transportation **within 10 days after the crash investigation.**

ATTENTION

Questions? Comments? Need to order forms? Call (217) 782-2575

ATTENTION

NEW JANUARY 1, 2009

Effective January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage increases from \$500 to \$1,500 when all drivers are insured. However, if any driver does not have insurance, the threshold remains \$500. In both cases the investigating enforcement agency must complete and submit an SR 1050 report to IDOT.

Example: A 2-vehicle crash occurs causing \$800 damage to one of the units. One driver is insured but the other is not, therefore a report is required using the \$501 - \$1,500 threshold (below).

- DAMAGE TO ANY ONE PERSON'S VEHICLE/PROPERTY \$500 OR LESS
- \$501 - \$1,500
- OVER \$1,500

(As it appears on new form)

Using the same crash above, if both drivers are insured and the damage remains \$800, no report is required. However, if damage over \$1,500 occurred to either unit, a crash report is required regardless of insurance.

Note: If insurance is unknown, assume they are uninsured (hit & run or parked-no driver).

Regarding motorists: If the threshold amount is exceeded, motorists must be provided a Motorist Report form to complete and submit to IDOT.

Also added on January 1, 2009

CIRCLE DAY OF WEEK
SU MO TU WE
TH FR SA

Template 1 (Back)

CONTRIBUTORY CAUSE

- One code is clarified and one code is added.
- 42 Distraction – electronic communication device (cell phone, texting, etc.)
- 43 Distraction – other electronic device (navigation device, DVD player, etc.)

Other Recent Changes

Crash Form

The Commercial Motor Vehicle (CMV) configurations are now on the back cover of this booklet.

TYPE OF REPORT
Not on Scene is clarified.

NOT ON SCENE (DESK REPORT)

UNIT TYPE

One unit type is added to identify parked cars without drivers.

PARKED-NO DRIVER

Continued

Template 1

- EVENT (EVENT)
- One code is revised and one is added.
- 18 Hit parked vehicle
- 44 Cable barrier

TRAFFIC CONTROL DEVICE (TRFD)

- One code is added.
- 14 Delineators

VEHICLE USE (VEHU)

- One code is added.

24 Lawn care/Landscaping

PED/PEDAL LOCATION (PPL)

- One code is added.
- 7 Bikeway

PED/PEDAL ACTION (PPA)

- One code is added.

65 Intoxicated ped/pedal

NUMBER OF OCCUPANTS (OCCS)

Clarification is added.
Include driver as part of OCCS total.
Example: 3 Passengers + 1 Driver = 4

PLEASE!

Choose codes from Template 1 & 2 carefully. Make sure each selection is accurate and valid. Do not use 9 and 99 interchangeably because 9 does not always denote Unknown/NA.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

1 *XXXXXXXX*



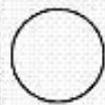
65	66	67	68	69	70	71	72	73	74	75	76	77	78					
INVESTIGATING AGENCY	2	DAMAGE TO ANY ONE PERSON VEHICLE / MICH		3	390 OR LESS	501 - 51,500	OVER \$1,500	TYPE OF REPORT	ON SCENE	NOT ON SCENE (EX. AWARDED)	4	INQUIRY AND / OR TO	5	AGENCY CRASH REPORT NO.				
ADDRESS NO.	7	HIGHWAY or STREET NAME		8	9	COUNTY	10	TOWNSHIP	11	INTEREST RELATED PROPERTY	12	13	14	15	16	17	18	19
NAME	20	DRIVER - NO/OWNER	RED	PEAK	EDGES	NOV	NOV	DATE OF BIRTH	21	NAME	35	MODEL	36	STATE	37	YEAR	38	39
STREET ADDRESS	22	STATE	23	24	25	PLATE NO.	36	STATE	37	YEAR	38	39	40	41	42	43	44	
CITY	26	STATE	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
TELEPHONE	29	DRIVER LICENSE NO.	30	31	32	VEHICLE OWNER (LAST, FIRST, MI.)	37	38	39	40	41	42	43	44	45	46	47	48
TAKEN TO	33	EMS AGENCY	34	35	36	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	37	38	39	40	41	42	43	44	45	46	47	48
NAME	44	DATE OF BIRTH	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
STREET ADDRESS	44	SEX	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
CITY	45	STATE	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
TELEPHONE	45	DRIVER LICENSE NO.	46	47	48	VEHICLE OWNER (LAST, FIRST, MI.)	49	50	51	52	53	54	55	56	57	58	59	60
TAKEN TO	45	STATE	46	47	48	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	49	50	51	52	53	54	55	56	57	58	59	60
DATE	45	TIME	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
CONTRIBUTORY CAUSE(S)	49	POSTED SPEED LIMIT	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65

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

XXXXXXXX

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



88

89

90

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 purposes); 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 **91**

ADDRESS

CITY/STATE/ZIP **93**

USDOT NO. **93**

ILCCNO. **93**

Source of above info. Sds of Truck Papers Driver **92**
Gross Vehicle Weight Rating (GVWR) **94**

Were HAZMAT placards displayed on the vehicle? Yes No
If yes, name on placard **95**

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)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? **96**
 Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

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

Form No. _____

IDOT PERMIT NO. **97** WIDE LOAD? Yes **98**

TRAILER WIDTH(S): 0-56" **99**
TRAILER 1 **99**
TRAILER 2

TRAILER LENGTH(S): 1 **100** TRAILER 2 **100**
TOTAL VEHICLE LENGTH **101** ft. NO. OF AXLES **102**

CRASH LOCATION: CITY OF **103** NEAREST CITY
MILES N E S W OF **103**

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF THIS BOOKLET:
VEHICLE CONDITION **104**
CARGO BODY TYPE **105** LOAD TYPE **106**

UT Case: _____ UT Case: _____
UT Board By: 10 _____ UT Board By: 10 _____

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 1

<p>SR 1000A JANUARY 2009</p> <p>Unit No. <input type="text"/></p>	<p>EVENT (EVENT) SEE THE BACK OF TEMPLATE 2 FOR HELP</p> <p>NONCOLLISION:</p> <ol style="list-style-type: none"> Ran off the roadway Overturn Fire/explosion Immersion Jackknife Cargo shift/loss Separation Downhill runaway Other noncollision Unknown <p>COLLISION WITH:</p> <p>NOT FIXED OBJECTS:</p> <ol style="list-style-type: none"> Motor vehicle in traffic Pedestrian Pedalcyclist Railway train Deer Other animal Falling load Hit parked vehicle Thrown/falling object Other object Unknown <p>FIXED OBJECTS:</p> <ol style="list-style-type: none"> Crash cushion Guardrail face Guardrail end Concrete med. barrier Bridge support Bridge end Bridge rail Bridge underside Traffic signal Light support Utility pole Demolitor post Railroad signal/gates Other pole or post Culvert Curb Ditch Shoulder/bank Force Mailbox Tree or shrub Building/structure Other fixed object Cable barrier Unknown 	<p>WEATHER COND. (WEAT)</p> <ol style="list-style-type: none"> Clear Rain Snow Fog/smoke/haze Sleet/hail Severe cross wind Other Unknown 	<p>TRAFFIC CONTROL DEVICE (TRFD)</p> <ol style="list-style-type: none"> No controls Stop sign/washer Traffic signal Yield Police/flagman RR crossing gate RR crossing School zone No passing Other req. sign Other warning sign Lane use marking Other Delimiters Unknown 	<p>DEVICE COND. (TRFC)</p> <ol style="list-style-type: none"> No controls Not functioning Functioning improperly Functioning properly Worn reflect. material Missing Other Unknown 	<p>LIGHTING COND. (LGH)</p> <ol style="list-style-type: none"> Daylight Dawn Dusk Darkness Darkness, lighted road Unknown 	<p>EVENT LOCATION (LOC)</p> <ol style="list-style-type: none"> On pavement (roadway) Off pavement - left Off pavement - right Intersection Other Unknown 	<p>CHECK MOST SEVERE INJURY (MOST)</p> <p>Unit No. <input type="text"/></p>				
		<p>TYPE OF FIRST CRASH (COLL)</p>									
		<p>SINGLE VEHICLE CRASH</p> <p>Select a code for a Single Vehicle Crash based on the crash code that illustrates what caused the first damage/injury, not what caused the most severe damage/injury.</p>	<p>MULTI VEHICLE CRASH</p> <p>The intended direction of travel of each motor vehicle prior to the onset of the crash should determine the selection of the Multi Vehicle Crash code. not the direction of travel or position/angle of the vehicle at the point of contact. If the first damage/injury occurs when two vehicles strike, you must select a code 9-15.</p>								
		<ol style="list-style-type: none"> Pedestrian Pedalcyclist Train Animal Overturned Fixed object Other object Other noncollision 	<ol style="list-style-type: none"> Parked motor vehicle Turning (at least one vehicle turning) Head on Sideswipe same direction Opposite direction Head on Angle 								
		<p>VEHICLE MANEUVER PRIOR (MANV)</p>									
		<ol style="list-style-type: none"> Straight ahead Passing/overtaking Turning left Turning right Turning on red U-turn Starting in traffic Slow/stop - left turn Slow/stop - right turn Slow/stop - load/unload Slow/stop in traffic Driving wrong way Changing lanes Avoiding vehicles/objects Skidding/control loss Entering traffic lane from parking Leaving traffic lane to park Merging Diverging Enter from drive/alley Parked Parked in traffic lane Backing Driverless Other Negotiating a curve Unknown/NA 									
		<p>CRASH DATA SAVES LIVES!</p>									
		<p>PED/PEDAL LOCATION (PPL)</p> <ol style="list-style-type: none"> In roadway In crosswalk Not in available crosswalk Crosswalk not available Driveway access Not in roadway Bikeway Unknown/NA 	<p>PED/PEDAL ACTION (PPA)</p> <ol style="list-style-type: none"> Turning left Turning right Enter from drive/alley No action Crossing - with signal Crossing - against signal ENTERING / LEAVING / CROSSING School bus (within 50 ft.) Parked vehicle CTA Not at intersection WALKING / RIDING With traffic Against traffic to/from disabled vehicle OTHER: Waiting for school bus Playing/working on vehicle Playing in roadway Standing in roadway Working in roadway Other action Indicated ped/pedal Unknown/NA 								
		<p>VEHICLE TYPE (VEHT)</p>									
		<ol style="list-style-type: none"> Passenger Pickup Van/minivan Bus up to 15 pass. Bus over 15 pass. Truck - single unit Tractor w/ semi-trailer Tractor w/o semi-trailer Farm equipment Motorcycle (over 150cc) Motor driven cycle Snowmobile All-terrain vehicle (ATV) Other vehicle with trailer Sport utility vehicle (SUV) Other Unknown/NA 									
		<p>VEHICLE USE (VEHU)</p>									
		<ol style="list-style-type: none"> Not in use Personal Driver education Family use Fun/recreation Police School bus CTA Mass transit Other transit Military Agriculture Low truck Construction/maintenance House trailer Carper/RV - towed/multi-unit Carper/RV - single unit Taxi/for hire Commercial - multi-unit Commercial - single unit State owned Lawn care/Landscaping Other Unknown/NA 									
		<p>NUMBER OF OCCUPANTS (# OCCS) INCLUDE DRIVER AS PART OF # OCCS TOTAL: 3 passengers + 1 driver = 4</p>									
		<p>DIRECTION TRAVEL PRIOR (DIRP)</p>									

CRASH DATA SAVES LIVES!



CONTRIBUTORY CAUSE CODES

CODE	CAUSE TYPE	CODE	CAUSE TYPE
01	Exceeding authorized speed limit	20	Improper lane usage
02	Failing to yield right-of-way	21	Animal
03	Following too closely	22	Disregarding yield sign
04	Improper overtaking/passing	23	Disregarding stop sign
05	Driving on wrong side/wrong way	24	Disregarding other traffic signs
06	Improper turning/no signal	25	Disregarding traffic signals
07	Turning right on red	26	Disregarding road markings
08	Under the influence of alcohol/drugs (use when arrest is effected)	27	Exceeding safe speed for conditions
10	Equipment - vehicle condition	28	Failing to reduce speed to avoid crash
11	Weather	29	Passing stopped school bus
12	Road engineering/surface/markings defects	30	Improper backing
13	Road construction/maintenance	32	Evasive action due to animal, object, nonmotorist
14	Vision obscured (signs, tree limbs, buildings, etc.)	40	Distraction - from outside vehicle
15	Driving skills/knowledge/experience	41	Distraction - from inside vehicle
17	Physical condition of driver	42	Distraction - electronic communication device (cell phone, texting, etc.)
18	Unable to determine	43	Distraction - other electronic device (navigation device, DVD player, etc.)
19	Had been drinking (use when arrest is not made)	50	Operating vehicle in erratic, reckless, careless, negligent or aggressive manner
		99	Not applicable

Select a Primary Contributory Cause from the list above and enter the corresponding two-digit code in the appropriate field near the lower right corner on the front of the crash report form. When appropriate, enter a Secondary Contributory Cause code accordingly.

Definitions

Primary Contributory Cause - The factor which is most significant in causing the crash, as determined by officer judgement.

Secondary Contributory Cause - The second most significant factor contributing to the crash, as determined by officer judgement.

Example

You determine that vehicle speed is the most significant cause of the crash and cell phone use is the second most significant cause of the crash. Enter 01 in the "PRIMARY" field and 42 in the "SECONDARY" field.

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 2

SR 1000B JANUARY 2009 Printed by authority of the State of Illinois

UNIT NO. DATE OF BIRTH (m/d/y)

PASSENGERS & WITNESSES Full Name, Address, Telephone

TAKEN TO (hospital) EMS RUN NUMBER or AGENCY NAME

APPARENT PHYSICAL CONDITION (DRAC)

- Normal
- Impaired - alcohol
- Impaired - drugs
- Illness
- Asleep/fainted
- Medicated
- Had been drinking
- Fatigued
- Other/unknown

SEATING POSITION (SEAT)

1	2	3
4	5	6
10	11	12

7 Enclosed passengers
8 Exposed passengers

INJURY CLASSIF. (INU)

- Fatal
- Incapacitating injury
- Nonincapacitating injury Reported, not evident
- No indication of injury

PED / BIKE VISIBILITY (PEDV)

- No contrasting clothing
- Contrasting clothing
- Reflective material
- Other light source used

SAFETY EQUIPMENT USED (SAFT)

- None present
- Safety belt used
- Safety belt not used
- Helmet used
- Helmet not used
- Child restraint used
- Child restraint used improperly
- Child restraint not used
- Usage Unknown

AIR BAG DEPLOYED (AIR)

- Not applicable
- Did not deploy
- Deployed, front
- Deployed, side
- Deployed other (knee, air belt, etc.)
- Deployed, combination
- Deployment unknown

DRIVER VISION (VIS)

- Not obscured
- Windshield (water/ice)
- Trees, plants
- Buildings
- Embankment
- Signboard
- Hillcrest
- Parked vehicles
- Moving vehicles
- Blinded - headlights
- Blinded - sunlight
- Blowing materials
- Other
- Unknown

VEHICLE DEFECTS (VEHD)

- None
- Brakes
- Steering
- Engine/motor
- Suspension
- Tires
- Exhaust
- Lights
- Signals
- Windrows
- Windshield
- Restraint system
- Wheels
- Calter coupling
- Car/ego
- Fig system
- Other
- Unknown

DRIVER ACTION (DRVA)

- None
- Failed to yield
- Disregarded control devices
- Too fast for conditions
- Improper turn
- Wrong way/side
- Followed too closely
- Improper lane change
- Improper backing
- Improper passing
- Improper parking
- License restrictions
- Stopped school bus
- Emergency vehicle on call
- Evading police vehicle
- Other
- Unknown

EJECTION OR EXTRICATION (EJCT)

- None
- Totally ejected
- Partially ejected
- Trapped/ejected
- Unknown

Intersection 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.

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.**

EJECTION OR EXTRICATION (EJCT)

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

TRAFFICWAY DESCRIPTION (TRFW)

TWO-WAY

- Not divided
- Divided, no median barrier
- Divided w/median barrier
- Center turn lane

OTHER

- One-way or ramp
- Alley or driveway
- Parking lot
- Other
- Unknown

NUMBER OF LANES (NO. LANES)

Count through lanes, both directions. If at intersection, use "0" (zero).

ALIGNMENT (ALGN)

Related: Was this an intersection related crash? A crash does not have to actually occur at an intersection to be considered intersection related.

- Straight and level
- Straight on grade
- Straight on hillcrest
- Curve, level
- Curve on grade
- Curve on hillcrest

ROADWAY SURFACE CONDITION (RSUR)

- Dry
- Wet
- Snow or slush
- Ice
- Sand, mud, dirt
- Other
- Unknown

ROAD DEFECTS (RDEF)

- No defects
- Construction zone
- Maintenance zone
- Utility work zone
- Work zone - unk.
- Shoulders
- Rut, holes
- Worn surface
- Debris on roadway
- Other
- Unknown

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

Commercial Motor Vehicle (CMV)

What is a Commercial Motor Vehicle (CMV)?

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 9-15 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: placard will be displayed on the vehicle).

If you have any questions regarding a **Commercial Motor Vehicle Crash** please call IDOT Division of Traffic Safety at (217) 785-3032.

Complete all areas within CMV.

Record the **USDOT** number (when it applies).

Record the **ILCC** (state number) when it applies.

If more than one **CMV** is involved, use the **Additional Unit/Amended Report**.

VEHICLE CONFIGURATION (Choose Applicable Number)			COMMERCIAL MOTOR VEHICLE
1  Bus	4  Truck/trailer	7  Tractor/trailer	
2  Single unit truck	5  Tractor		
3  Single unit truck, 2 axle, 8 axle	6  Tractor	9  Unknown truck	
CHOOSE BODY TYPE (Choose Applicable Number)			
1  Box	4  Flatbed	7  Auto transporter	
2  Van	5  Dump	8  Garage/warehouse	
3  Tank	6  Crane	9  Other	
FLATBED LOAD TYPE			
1 Farm equipment 2 Construction equipment 3 Building materials 4 Steel coils 5 Other 9 UNKNOWN			

Appendices

Appendix 1: Motorist Crash Reporting Instructions

When should a crash be reported?

Illinois law: "The driver of a vehicle that is in any manner involved in an accident within this State, resulting in injury to or death of any person, or in which damage to the property of any one person, including himself, in excess of \$1,500 (or \$500 if any of the vehicles involved in the accident is subject to Section 7-601 but is not covered by a liability insurance policy in accordance with Section 7-601) is sustained, shall, as soon as possible but not later than 10 days after the accident, forward a written report of the accident to the Administrator."

The Administrator is the Illinois Department of Transportation (IDOT), Division of Traffic Safety. (625 ILCS 5/11-406 Duty to report accident.)

Where should a crash be reported?

If a police officer does not arrive at the scene of the crash to investigate, the involved driver(s) shall "give notice of the accident by the fastest available means of communication to the local police department if such accident occurs within a municipality or otherwise to the nearest office of the county sheriff or nearest headquarters of the Illinois State Police." (625 ILCS 5/11-407 Immediate notice of accident.)

How should a crash be reported?

Two forms are used to report crashes occurring in Illinois: the **blue and white** Illinois Traffic Crash Report form (Police Report) and the **red and white** Illinois Motorist Report form (Motorist Report). The forms start out as a three-part, carbonated set. Most of the front page is completed by the police on the Police Report. This same information transfers through to two Motorist Reports. The police complete vital crash, driver, and vehicle information and provide a partially completed Motorist Report form to each driver. This allows the police to promptly clear the crash scene, quickly removing all parties from harm's way. Motorists must then complete the remainder of the Motorist Report form and submit it to the Illinois Department of Transportation (IDOT), Division of Traffic Safety within 10 days of the police investigation.

The form is titled "ILLINOIS MOTORIST REPORT" and includes the following sections and fields:

- Header:** "COMPLETE BOTH SIDES OF THIS FORM", "Use black ink", "Send This Report to: (Circle) Department of Transportation, State Government Printing, Springfield, Illinois (attach form only)", and "For a copy of the Police Report contact the Investigating Agency".
- UNIT 1:**
 - INVESTIGATING AGENCY, DAMAGE TO ANY OTHER PERSONS, VEHICLE / PROPERTY, and checkboxes for "LESS OR LESS THAN \$1,500" or "OVER \$1,500".
 - ADDRESS (OPTIONAL), HIGHWAY or STREET NAME, CITY, TOWNSHIP, COUNTY, and "INVESTIGATION RELATED" checkboxes.
 - SPRINKLER, CIRCULAR, and "AT INTERSECTION WITH" checkboxes.
 - NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, DRIVER LICENSE, and "EMERGENCY" fields.
 - NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, DRIVER LICENSE, and "EMERGENCY" fields.
- UNIT 2:**
 - NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, DRIVER LICENSE, and "EMERGENCY" fields.
 - NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, DRIVER LICENSE, and "EMERGENCY" fields.
- YOUR INSURANCE:**
 - Checkboxes for "INSURANCE", "PROPERTY DAMAGE", "PERSONAL LIABILITY", "MEDICAL PAY", "UNEMPLOYMENT BENEFITS", "LOSS OF USE", "RENTAL CAR", "TOWING", "ROADSIDE SERVICE", "LIABILITY", "MEDICAL PAY", "UNEMPLOYMENT BENEFITS", "LOSS OF USE", "RENTAL CAR", "TOWING", "ROADSIDE SERVICE".
 - Fields for "Name and address of representative who sold policy", "Policy number", "Policy period", and "Name of policy holder".
- Bottom:** "Signature of person making report", "COMPLETE BOTH SIDES OF THIS FORM", and "NO 109".

Motorist Report form

How should the Motorist Report be completed?

Using black ink, print legibly and complete all required fields as accurately and completely as possible. If unable to answer any question, mark “NK” for “not known.”

All fields related to motorist proof of insurance must be completed. Failure to provide insurance information will result in the assumption that the motorist does not have automobile liability insurance and may be subject to further application of the Safety Responsibility Law.

Provide clear and complete information about the following:

- (1) **The nature and extent of all injuries to persons in your vehicle.**
If a doctor’s statement of injury is immediately available, describe the injuries.
- (2) **Estimate of repair costs for your vehicle.**
If you have an estimate from a body shop or garage, provide that cost. Otherwise, give your own careful estimate.
- (3) **Damage to property other than vehicles.**
Describe the damage and give an estimate of the cost.

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. Be sure to complete the diagram and narrative on the back of the form and detail all events that occurred.

Providing false information is a class C misdemeanor and can result in a \$500 fine and a 30-day sentence.

Sign the report in the space provided in the lower left corner on the front of the report. Once all fields are completed on the front and back, **make a copy** of the report to keep for your personal records. Mail the original to:

**Illinois Department of Transportation
Crash Records Section
1340 North 9th Street
Springfield, Illinois 62766-0001**

If a form was not provided by the investigating agency, or if the form was lost, please contact the investigating agency and obtain the bar code number on the original Police Report. Then call IDOT at (217) 782-2575 to request a blank Motorist Report form. Enter the bar code number obtained from the investigating agency in the upper right corner on the blank form and complete the form as described above.

Illinois law does not allow IDOT to provide copies of crash reports or divulge any personal information related to a crash. The law also stipulates that investigating agencies ***may*** furnish copies of reports to anyone at a fee not to exceed \$5 per copy.

If you have questions or comments regarding crash reporting, please call (217) 782-2575 or email IDOT at DOT.CRASHFORMS@illinois.gov.

Appendix 2: Revision History and Document Control

Last updated 02/22/11

The SR 1050 Instruction Manual for Law Enforcement Agencies is posted on IDOT's website: <http://www.dot.il.gov/trafficsafety/SR1050.pdf>. Paper copies are available in the Division of Traffic Safety's Crash Information Section. It is reviewed and updated on an as-needed basis, contingent on revisions to the SR 1050 Illinois Traffic Crash Report form. The current version is indicated in the manual's title, which displays the most recent version's calendar year. Manual revisions are reviewed and approved by the Director of Traffic Safety. Archive versions are available to examine in the Policy & Research Center, Room 320 of the Hanley Building.

<u>Revision Date</u>	<u>Description</u>	<u>Approval</u>
	(No changes were made to the manual from 1998 to 2006.)	
2006	Reformatted the entire manual. Revised and added codes for new and existing data fields. Revised and added training examples and clarifications.	Mike Stout
2009	Explained the new state law changing the fundamental crash reporting requirement. Reformatted the entire manual. Revised and added training examples and clarifications. Revised and added codes for existing data fields. Added appendices.	Mike Stout
2011	Updated mailing addresses. Added clarifications.	Mike Stout

H A R D C O P I E S A R E U N C O N T R O L L E D