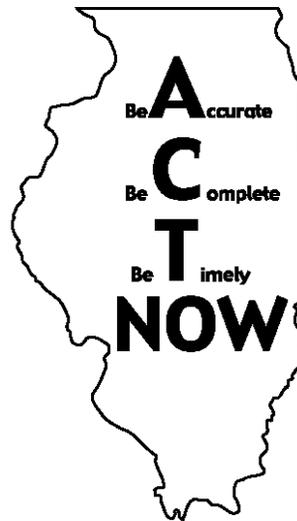


Illinois Traffic Crash Report SR 1050

2013
(updated)

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
- order on-line at <http://ecrash.dot.illinois.gov/FormsRequests/>

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.idot.illinois.gov/home/resources/Manuals/Manuals-and-Guides>

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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 new reporting needs (effective January 1, 2013), 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 via XML 3rd Party Vendors

IDOT is now partnering with a number of 3rd party law enforcement system vendors for the electronic capture and submittal of crash report data. If your agency is interested in obtaining electronic crash reporting capabilities, please contact us at **(217) 782-2575**. More information and a listing of approved 3rd party vendors can be found at:

<http://www.idot.illinois.gov/transportation-system/local-transportation-partners/law-enforcement/crash-reporting>.

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 unique 10-character 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 unique 10-character **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 unique 10-character 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 unique 10-character **control number** from the upper right corner of the original SR 1050 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 SR 1050s: Please remove all unused forms older than 2013 from circulation. The date is located on the lower left corner of the form, after "SR 1050." Please check all desk drawers, files, vehicles (trunks, too), lockers, etc., to ensure all unused forms older than 2013 are collected and destroyed.

Fatalities

A fatal crash is a traffic crash involving at least one motor vehicle in transport in which at least one person dies.

- **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.**

A crash resulting in one or more fatalities increases the importance of every data item on the SR 1050 crash form. **IDOT will diligently 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: The legal reporting threshold for traffic crashes involving only property damage is **\$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](#)]

New in 2013

There are a number of changes for 2013. These changes reflect the need to better track and understand new traffic safety challenges including but not limited to work zone safety, cell phone usage & distracted driving. These changes are summarized below and more detail will be provided in the step-by-step instructions

- New & deleted stat codes – please use the new code templates and throw away the old ones
- New work zone fields to better track crashes in work zones
- Cell phone usage tied to the individual drivers to better track distracted driving
- Dooring with Pedalcyclist field to identify dooring incidents
- Exceeding speed limit tracked on a per vehicle basis
- New driverless controller type for crashes caused by moving vehicles without a driver

Step-by-Step Instructions

➤ See Crash Report Form with Instruction Numbers and Coding Templates on **pages 28 - 34**.

- 1 This unique 10-digit **control number** is part of a pre-numbered form set. The bar code is used by IDOT to identify 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 This 5-digit barcode is used to track which version of the form is being used. It has been relocated to the top to make room for the new work zone fields in the lower right corner.
- 3 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*).
- 4 Since January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage is **\$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 a 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).

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

5 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 a SR 1050A form.

6 **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.**

7 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**.

8 When available enter the **ADDRESS NUMBER** closest to the location of the crash.

9 Enter the **HIGHWAY** or **STREET NAME** (or **number**) on which the crash occurred.

10 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).

- 11 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.

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

Mark the Y (yes) or N (no) box for the following (#13-15):

- 13 **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.

- 14 **PRIVATE PROPERTY** – This is not the area to indicate that there was private property damage.

Check...

- Y: Only if the crash began on, ended on, and all damage occurred on private property.**
- N: 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 a 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.

- 15 **HIT & RUN** – Was this a hit and run crash?
- 16 Enter the **DATE OF CRASH (mo, day, and yr)**.
- 17 Enter the **TIME** (hour and minute) of the crash using civilian time, and mark the **AM** or **PM** box.
- 18 **Dooring with Pedalcyclist** – this is a new type of incident involving a Pedalcyclist colliding with an open door of a parked or non-moving vehicle. This typically occurs in dense urban areas where a driver (or passenger) opens the parked car's door into the path of the on-coming Pedalcyclist causing a collision to occur.
- 19 Enter the total **NUMBER of MOTOR VEHICLES INVOLVED** in the crash.
- 20 **LARS CODES** were terminated effective December 31, 2013. **Please leave blank.**
- 21 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** – when an unoccupied parked vehicle is struck.
 - DRIVERLESS** – when a vehicle is moving without a driver – e.g. an equipment failure causes a vehicle to roll down a hill.
 - 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).
- 22 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 parked, any occupants of the vehicle should be listed in the passenger section. If a person is sitting in the driver's seat of a parked vehicle at the time of the crash, this person should be listed in the passenger section and should have a seat number of 1.

If a **train** is involved, list it as **DAMAGED PROPERTY** (see **#46, 48-50**).

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 **#48-50**). A towed unit is the unpowered, pulled portion of any multi-unit combination vehicle.

- 23 Enter the **DATE OF BIRTH** (mo, day, and yr).
- 24 Enter the **STREET ADDRESS**.
- 25 Indicate the **SEX** by printing **M** for male or **F** for female.
- 26 Enter a code for **SAFETY EQUIPMENT USED (SAFT)** from Template 2.
- 27 Enter a code for **AIR BAG DEPLOYED (AIR)** from Template 2.
- 28 Enter the **CITY, STATE, and ZIP** code.
- 29 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 at least one motor vehicle in transport in which at least one person dies.
 - **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.
 - **0 No indication of injury.**
- 30 Enter a code for **EJECTION OR EXTRICATION (EJCT)** from Template 2.
- 31 Enter the area code and **TELEPHONE** number.
- 32 Enter the **DRIVER LICENSE NUMBER**. Enter NONE or N/A if appropriate.
- 33 Enter the **STATE** of driver's license issuance.
- 34 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).
- 35 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.

- 36** 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.
- 37** Enter the **MAKE** of vehicle (e.g., Ford, Chevrolet). Enter the vehicle **MODEL** (e.g., Mustang, Blazer). Enter the manufacturer's designated model **YEAR**.
- 38** Enter the license **PLATE NUMBER**. Enter the **STATE** issuing the license plate. Enter the **YEAR** that the registration expires.
- 39** Enter the 17-character **VIN** (Vehicle Identification Number).
- 40** Enter the name of the titled **VEHICLE OWNER**. If it is the same as the vehicle driver, enter SAME.
- 41** Enter the complete **OWNER ADDRESS**, if different from the driver. If it is the same as the vehicle driver, enter SAME.
- 42** 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.

- 43** Mark the **Y** (Yes) or **N** (No) box for the items below:
- **TOWED** – Check Y if the vehicle was towed due to damage from the crash.
 - **FIRE** – Was there a fire involving this vehicle?
 - **CELLPHONE** – Was the driver using a cell phone when this crash occurred?
 - **EXCEED SPEED LIMIT** – Was this vehicle exceeding the speed limit when this crash occurred?
 - **COM VEH** (Commercial Vehicle) – If a commercial vehicle was involved, complete the COMMERCIAL MOTOR VEHICLE section on the reverse side of the report form.
- 44** 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.
- 45** Enter the **POLICY NUMBER** from the insurance card.
- 46** Enter the same information for the other traffic units following the instructions for **#21-45**. **If a train is involved, do not list the engineer as the driver of Unit 2.** See **#48** for entering train information.

- 47** 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 **#21-36**.
- 48** Enter the **DAMAGED PROPERTY OWNER NAME** (last, first, middle initial).
- If a **train** is involved, list it as **DAMAGED PROPERTY**. Indicate the **NAME OF THE RAILROAD COMPANY** (in **#48**), the **LOCOMOTIVE NUMBER** (in **#49**), and the **OWNER'S ADDRESS** (in **#50**). Damaged property contained within a vehicle should not be listed on the crash report.
- 49** Enter a description of **DAMAGED PROPERTY** other than vehicles.
- 50** Enter the **PROPERTY OWNER ADDRESS (STREET, CITY, STATE, ZIP)**.
- 51** 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.
- 52** 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.
- 53** Enter the **ARREST NAME** for the person who was arrested (last, first, middle initial).
- 54** Enter the violation **SECTION** number(s) from the Illinois Vehicle Code (IVC) / Illinois Compiled Statutes (ILCS). **List the most serious violation first.**
- 55** Enter the complete **CITATION NUMBER(S)**.
- 56** Enter the **mo/day/yr** and **time AM/PM** the police were notified of the crash (**DATE/TIME POLICE NOTIFIED**).
- 57** Enter the investigating **OFFICER ID** number.
- 58** Enter the investigating officer's **SIGNATURE**. Rank may be included.
- 59** Enter the investigating officer's **BEAT / DISTRICT**, zone, and/or precinct if applicable.

- 60 Enter the **SUPERVISOR ID** number and/or name of the sworn officer reviewing the completed report.
- 61 Enter the **COURT DATE (mo/day/yr)** and **COURT TIME AM/PM** box.
- 62 Did the crash occur in a designated work zone?

A work zone is an area of a highway with construction, maintenance, or utility work activities. A work zone is typically marked by signs, channelizing devices, barriers, pavement markings, and/or work vehicles. It extends from the first warning sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle to the END ROAD WORK sign or the last Temporary Traffic Control (TTC) device (Federal Highway Administration *Manual on Uniform Traffic Control Devices [MUTCD]*).

WHERE DOES A WORK ZONE BEGIN AND END?

As noted in the definition above, a work zone begins at the first warning sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle. In Illinois, the first warning sign for a work zone consists of an orange diamond sign displaying the message “**ROAD CONSTRUCTION AHEAD**” or “**ROAD WORK AHEAD**”. **Please note that Portable Changeable Message Signs (PCMS), by MUTCD definition, are separate from warning signs and therefore *should not* be used in determining the limits of a work zone. The display of warning messages or warning information on a PCMS does not make it a warning sign.**

The work zone ends with an “**END ROAD WORK**” sign or the last TTC device pertinent for that work activity.

OTHER WORK ZONE INFORMATION ([ANSI D-16.1 – 2007, 2.5.24 and 2.7.8](#)):

- Work zones also include roadway sections where there is ongoing, moving (mobile) work activity such as lane line painting or roadside mowing only if the beginning of the ongoing, moving (mobile) work activity is designated by warning signs or signals.
- A work zone crash is a motor vehicle traffic crash in which the first harmful event occurs within the boundaries of a work zone, or **on an approach to or exit from a work zone, resulting from an activity, behavior, or control related to the movement of the traffic units through the work zone.**

Examples:

- An automobile on the roadway loses control within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle in the work zone.
- A rear-end crash occurs before the warning sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle indicating a work zone, caused by vehicles slowing or stopped on the roadway due to work zone activity.

- Workers do not have to be present at the time of the crash for it to be considered a work zone crash.

- 63 If the crash occurred in a work zone, what type of zone was it?
- 64 Were any workers present? NOTE: Workers can be present even if there is not an active work zone in effect.

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

Instructions #65-67 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**

- 65 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.
- 66 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**).
- 67 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 #65-67 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, be sure to include this information in the narrative.

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 28 - 34.**

Fields **#68-90** 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).

- 68** Enter a code for the **APPARENT PHYSICAL CONDITION (DRAC)** of each driver prior to the crash from Template 2. Added variables 11. Emotional and 12. Removed by EMS. Also changed groupings for other variables.
- 69** Enter a code for **PED/PEDAL VISIBILITY (PEDV)** from Template 2, if applicable.
- 70** 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.
- 71** Enter a code for the **DEVICE CONDITION (TRFC)** at the time of the crash, from Template 1.
- 72** Enter a code for the **WEATHER CONDITION (WEAT)** at the time of the crash, from Template 1. Added variable 8. Cloudy/Overcast.
- 73** For each driver, enter a code for the **DRIVER ACTION (DRVA)** that contributed to the crash, from Template 2.
- 74** Enter a code for the object or condition that obscured **DRIVER VISION (VIS)** for each unit, from Template 2.
- 75** Enter a code for the contributing **VEHICLE DEFECTS (VEHD)** or apparent malfunction for each unit, from Template 2.
- 76** Enter the most appropriate code for the **LIGHTING CONDITION (LGHT)** at the time of the crash, from Template 1.

- 77 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 (#65).

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.

- 78 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.
- 79 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. Removed #3 and #4 variables.
- 80 Enter a code from Template 1 for the **PED/PEDAL LOCATION (PPL)** prior to the crash.
- 81 Enter a code from Template 2 for the **TRAFFICWAY DESCRIPTION (TRFW)**. Variables changed and field is now mandatory for both types of crashes.
- TWO-WAY**
- Not divided – parallel roads traveling in opposite direction with less than 4 foot wide gap and no physical barrier present (e.g. double yellow lines).
 - Divided – w/median (not raised) – parallel roads separating travel in opposite direction by 4 foot or more gaps not protected by physical barrier (e.g. painted lane markings, grassy medians).
 - Divided – w/median barrier – parallel roads separating travel in opposite direction by physical barrier (e.g. curbs, concrete barriers, cable barriers).
 - Center turn lane – parallel roads separating travel in opposite direction by a center turn lane.

OTHER

- Parking lot
- Other
- Unknown
- One-Way
- Ramp
- Alley
- Driveway

- 82** 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 (**#86**).
- 83** 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.
- 84** Enter a code from Template 2 for the **ALIGNMENT (ALGN)** of the roadway on which the crash occurred.
- 85** Enter a code from Template 2 for the **ROADWAY SURFACE CONDITION (RSUR)** at the time of the crash.
- 86** Enter a code from Template 1 for the intended or actual **VEHICLE USE (VEHU)** of each unit at the time of the crash.
- 87** Enter a code from Template 2 for any **ROAD DEFECTS (RDEF)** present at the time of the crash. Work zone information is now captured in the Work Zone field at the bottom right-hand side of the crash report. (# 62-64 shown on page 29.)
- 88** 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.

- 89** 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.

- 90** Enter a code from Template 1 to indicate the **DIRECTION TRAVEL PRIOR (DIRP)** to the crash for each unit. Note that this is not a compass direction, but a direction consistent with the designated direction of the road. This can be used to determine MULTI-VEHICLE CRASH types for **#77**, 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).

- 91** 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.

- 92** 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.

93 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 **#94-108**, 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 \[625 ILCS 5/1-130\]](#).

94 Enter the **CARRIER NAME** and corporate **ADDRESS** of the motor carrier.

95 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.

96 Mark the appropriate box indicating the **SOURCE** of the carrier name and address.

97 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.

98 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).

- 99** 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.
- 100** Enter the 7-digit oversize/overweight **IDOT PERMIT NO.**, if any.
- 101** Mark the appropriate box to indicate if it was a **WIDE LOAD**.
- 102** Mark the appropriate box to indicate the **TRAILER WIDTH(S)**.
- 103** Enter the **TRAILER LENGTH(S)**, to the nearest foot.
- 104** Enter the **TOTAL VEHICLE LENGTH** including the power unit and trailer(s), to the nearest foot.
- 105** Enter the total **NUMBER OF AXLES (NO. OF AXLES)** on the vehicle. Include the power unit and trailer(s).
- 106** From the back cover of the crash booklet, enter the number corresponding to the **VEHICLE CONFIGURATION** best describing the vehicle.
- 107** From the back of cover of crash booklet, enter the number corresponding to the **CARGO BODY TYPE**, when applicable.
- 108** 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)

(#65-67) (#77)

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)
1 T T T C	1	<input checked="" type="checkbox"/>	12	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
2 T T T C	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)
1 T T T C	1	<input checked="" type="checkbox"/>	12	1
	2	<input type="checkbox"/>	12	1
	3	<input type="checkbox"/>	18	1
2 T T T C	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

	(ENVO)	(MOST)	(EVNT)	(LOC)
3 T T T C	1	<input checked="" type="checkbox"/>	11	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
4 T T T C	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)
1 T T T C	1	<input checked="" type="checkbox"/>	13	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
2 T T T C	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)
1 T T T C	1	<input checked="" type="checkbox"/>	14	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
2 T T T C	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)
1 T T T C	1	<input checked="" type="checkbox"/>	15	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
2 T T T C	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)
1 T T T C	1	<input type="checkbox"/>	1	2
	2	<input checked="" type="checkbox"/>	2	2
	3	<input type="checkbox"/>	41	2
2 T T T C	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)
1 T T T C	1	<input type="checkbox"/>	1	3
	2	<input checked="" type="checkbox"/>	25	3
	3	<input type="checkbox"/>	2	3
2 T T T C	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)
1 T T T C	1	<input checked="" type="checkbox"/>	20	1
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
2 T T T C	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)
1 T T T C	1	<input checked="" type="checkbox"/>	9	4
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		
2 T T T C	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** – For those 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 to be considered a **Turning** crash. Crashes occurring in turn lanes approaching but not within an intersection **should not** be coded as a **Turning** crash. 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. For the non-intersection **Turning** crash, at least one unit must be in the process of performing a **Turning** maneuver. This crash type **takes precedence** over all other MULTI-VEHICLE CRASH TYPES except **9- Parked Motor Vehicle** crash.
- 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 **Y (#14) 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 TTY (217) 524-4875

You may also order materials by **email to dot.crashforms@illinois.gov**
 or order on-line at <http://ecrash.dot.illinois.gov/FormsRequests/>

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

QUANTITY DESIRED	✓	ITEM
		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 – Clear Plastic (medium)
		Diagram Template – Blue Plastic (small)
		CMV Visor Cards
		Police Report Batch Control Sheet

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 192211, 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

SR 1050 KEY CHANGES
 Effective January 1, 2013

Work Zone
 Work Zone fields have been added. If a crash occurs in a work zone, the type of work zone and whether workers were present must be documented.

ROAD CRASH OCCURS IN A WORK ZONE	<input type="checkbox"/> Y	<input type="checkbox"/> N
IF YES CHECK ONE BELOW	<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> MAINTENANCE
	<input type="checkbox"/> UTILITY	<input type="checkbox"/> OTHER
UNUSUAL WORK ZONE TYPE	<input type="checkbox"/> Y	<input type="checkbox"/> N
WORKERS PRESENT	<input type="checkbox"/> Y	<input type="checkbox"/> N

Cell Phone/Texting

Distracted Driving continues to be under-reported. To collect more accurate data, Contributory Cause and Driver Action (DRVA) Codes have been updated with "44 Texting" and "45 Cell phone use other than texting". A Cell Phone Use check box has been added for each unit.

DOWNWARD	<input type="checkbox"/> Y	<input type="checkbox"/> N
CELLPHONE	<input type="checkbox"/> Y	<input type="checkbox"/> N
TEXTING	<input type="checkbox"/> Y	<input type="checkbox"/> N
OTHER	<input type="checkbox"/> Y	<input type="checkbox"/> N
COM. VEH. OR BUS	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
OR BUS	<input type="checkbox"/> Y	<input type="checkbox"/> N



EXCEED SPEED LIMIT

Mandatory Exceed the Speed Limit check boxes have been added for each unit.

REPORTING THRESHOLD CHANGE

Effective January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage increased 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	<input type="checkbox"/> \$500 OR LESS	<input type="checkbox"/> \$501 - \$1,500	<input type="checkbox"/> OVER \$1,500
---	--	--	---------------------------------------

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 and run or parked-no driver).

When a crash results in one or more fatalities and/or injuries, a crash report is required regardless of the damage amount.

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

LOCATION..LOCATION..LOCATION

When a crash occurs at an intersection, mark the box labeled **AT INTERSECTION WITH** and the number and/or name of the intersecting highway(s) and/or street(s).

When the crash is not at an intersection, mark the box to indicate the distance and the following: **NUMBERNAME** of highway/street upon which the crash occurred as well as the **DISTANCE, DIRECTION AND NUMBERNAME** of the nearest intersecting highway/street.

BAC RESULTS CRUCIAL

BAC test results should be clearly marked in the BAC field using a decimal point before the value using one of the following formats (depending on the actual reported results): **.xx** or **.xxx**

Example: A BAC test result of .08 should be reported as **.08**, not 08 or 0.8 or 8.

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 soon as you receive it, using the SR 1050A AMENDED/ADDITIONAL UNITS form.**

Choose codes from Templates 1 & 2 carefully! Make sure each selection is accurate and valid. Do not use 9 and 99 interchangeably - 9 is not always Unknown/NA.

Printed by authority of the State of Illinois

SR 1050 JANUARY 2013

ILLINOIS TRAFFIC CRASH REPORT

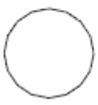
Sheet ___ of ___ Sheets



POL13

A234567890

DMVC	68	REV	69	TRFD	70	TRFC	71	WEAT	72	DRVA	73	VIS	74	VEHD	75	LEST	76	COLL	77	MAW	78	PRP	79	PR	80						
INVESTIGATING AGENCY	3			DAMAGE TO VEHICLE / PROPERTY	4			\$300 OR LESS	5			\$501 - \$1,500	6			\$1,500 OR MORE	7			TYPE OF REPORT	8			ONSCENE	9			NOT ON SCENE	10		
ADDRESS NO.	8			HIGHWAY or STREET NAME	9			CITY	11			Township	12			INTERSECTION	13			RELATED	14			HIT & RUN	15						
STREET ADDRESS	21			STREET ADDRESS	22			STATE	23			PLATE NO.	24			STATE	25			YEAR	26			VEHICLE OWNER (LAST, FIRST MI)	27						
CITY	28			STATE	29			ZIP	30			VEHICLE OWNER (LAST, FIRST MI)	31			STATE	32			YEAR	33			INSURANCE CO.	34						
TELEPHONE	31			DRIVER LICENSE NO.	32			EMV AGENCY	33			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	34			MODEL	35			YEAR	36			INSURANCE CO.	37						
TAKEN TO	35			NAME	36			DATE OF BIRTH	37			PLATE NO.	38			STATE	39			YEAR	40			INSURANCE CO.	41						
NAME	36			DRIVER	37			ARRIVED	38			PEW	39			BOLES	40			NEW	41			DATE OF BIRTH	42						
STREET ADDRESS	46			STATE	47			ZIP	48			VEHICLE OWNER (LAST, FIRST MI)	49			PLATE NO.	50			STATE	51			YEAR	52						
CITY	47			STATE	48			ZIP	49			VEHICLE OWNER (LAST, FIRST MI)	50			PLATE NO.	51			STATE	52			YEAR	53						
TELEPHONE	48			DRIVER LICENSE NO.	49			EMV AGENCY	50			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	51			MODEL	52			YEAR	53			INSURANCE CO.	54						
TAKEN TO	49			NAME	50			DATE OF BIRTH	51			PLATE NO.	52			STATE	53			YEAR	54			INSURANCE CO.	55						
NAME	50			DRIVER	51			ARRIVED	52			PEW	53			BOLES	54			NEW	55			DATE OF BIRTH	56						
STREET ADDRESS	56			STATE	57			ZIP	58			VEHICLE OWNER (LAST, FIRST MI)	59			PLATE NO.	60			STATE	61			YEAR	62						
CITY	57			STATE	58			ZIP	59			VEHICLE OWNER (LAST, FIRST MI)	60			PLATE NO.	61			STATE	62			YEAR	63						
TELEPHONE	58			DRIVER LICENSE NO.	59			EMV AGENCY	60			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	61			MODEL	62			YEAR	63			INSURANCE CO.	64						
TAKEN TO	59			NAME	60			DATE OF BIRTH	61			PLATE NO.	62			STATE	63			YEAR	64			INSURANCE CO.	65						
NAME	60			DRIVER	61			ARRIVED	62			PEW	63			BOLES	64			NEW	65			DATE OF BIRTH	66						
STREET ADDRESS	66			STATE	67			ZIP	68			VEHICLE OWNER (LAST, FIRST MI)	69			PLATE NO.	70			STATE	71			YEAR	72						
CITY	67			STATE	68			ZIP	69			VEHICLE OWNER (LAST, FIRST MI)	70			PLATE NO.	71			STATE	72			YEAR	73						
TELEPHONE	68			DRIVER LICENSE NO.	69			EMV AGENCY	70			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	71			MODEL	72			YEAR	73			INSURANCE CO.	74						
TAKEN TO	69			NAME	70			DATE OF BIRTH	71			PLATE NO.	72			STATE	73			YEAR	74			INSURANCE CO.	75						
NAME	70			DRIVER	71			ARRIVED	72			PEW	73			BOLES	74			NEW	75			DATE OF BIRTH	76						
STREET ADDRESS	76			STATE	77			ZIP	78			VEHICLE OWNER (LAST, FIRST MI)	79			PLATE NO.	80			STATE	81			YEAR	82						
CITY	77			STATE	78			ZIP	79			VEHICLE OWNER (LAST, FIRST MI)	80			PLATE NO.	81			STATE	82			YEAR	83						
TELEPHONE	78			DRIVER LICENSE NO.	79			EMV AGENCY	80			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	81			MODEL	82			YEAR	83			INSURANCE CO.	84						
TAKEN TO	79			NAME	80			DATE OF BIRTH	81			PLATE NO.	82			STATE	83			YEAR	84			INSURANCE CO.	85						
NAME	80			DRIVER	81			ARRIVED	82			PEW	83			BOLES	84			NEW	85			DATE OF BIRTH	86						
STREET ADDRESS	86			STATE	87			ZIP	88			VEHICLE OWNER (LAST, FIRST MI)	89			PLATE NO.	90			STATE	91			YEAR	92						
CITY	87			STATE	88			ZIP	89			VEHICLE OWNER (LAST, FIRST MI)	90			PLATE NO.	91			STATE	92			YEAR	93						
TELEPHONE	88			DRIVER LICENSE NO.	89			EMV AGENCY	90			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	91			MODEL	92			YEAR	93			INSURANCE CO.	94						
TAKEN TO	89			NAME	90			DATE OF BIRTH	91			PLATE NO.	92			STATE	93			YEAR	94			INSURANCE CO.	95						
NAME	90			DRIVER	91			ARRIVED	92			PEW	93			BOLES	94			NEW	95			DATE OF BIRTH	96						
STREET ADDRESS	96			STATE	97			ZIP	98			VEHICLE OWNER (LAST, FIRST MI)	99			PLATE NO.	100			STATE	101			YEAR	102						
CITY	97			STATE	98			ZIP	99			VEHICLE OWNER (LAST, FIRST MI)	100			PLATE NO.	101			STATE	102			YEAR	103						
TELEPHONE	98			DRIVER LICENSE NO.	99			EMV AGENCY	100			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	101			MODEL	102			YEAR	103			INSURANCE CO.	104						
TAKEN TO	99			NAME	100			DATE OF BIRTH	101			PLATE NO.	102			STATE	103			YEAR	104			INSURANCE CO.	105						
NAME	100			DRIVER	101			ARRIVED	102			PEW	103			BOLES	104			NEW	105			DATE OF BIRTH	106						
STREET ADDRESS	106			STATE	107			ZIP	108			VEHICLE OWNER (LAST, FIRST MI)	109			PLATE NO.	110			STATE	111			YEAR	112						
CITY	107			STATE	108			ZIP	109			VEHICLE OWNER (LAST, FIRST MI)	110			PLATE NO.	111			STATE	112			YEAR	113						
TELEPHONE	108			DRIVER LICENSE NO.	109			EMV AGENCY	110			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	111			MODEL	112			YEAR	113			INSURANCE CO.	114						
TAKEN TO	109			NAME	110			DATE OF BIRTH	111			PLATE NO.	112			STATE	113			YEAR	114			INSURANCE CO.	115						
NAME	110			DRIVER	111			ARRIVED	112			PEW	113			BOLES	114			NEW	115			DATE OF BIRTH	116						
STREET ADDRESS	116			STATE	117			ZIP	118			VEHICLE OWNER (LAST, FIRST MI)	119			PLATE NO.	120			STATE	121			YEAR	122						
CITY	117			STATE	118			ZIP	119			VEHICLE OWNER (LAST, FIRST MI)	120			PLATE NO.	121			STATE	122			YEAR	123						
TELEPHONE	118			DRIVER LICENSE NO.	119			EMV AGENCY	120			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	121			MODEL	122			YEAR	123			INSURANCE CO.	124						
TAKEN TO	119			NAME	120			DATE OF BIRTH	121			PLATE NO.	122			STATE	123			YEAR	124			INSURANCE CO.	125						
NAME	120			DRIVER	121			ARRIVED	122			PEW	123			BOLES	124			NEW	125			DATE OF BIRTH	126						
STREET ADDRESS	126			STATE	127			ZIP	128			VEHICLE OWNER (LAST, FIRST MI)	129			PLATE NO.	130			STATE	131			YEAR	132						
CITY	127			STATE	128			ZIP	129			VEHICLE OWNER (LAST, FIRST MI)	130			PLATE NO.	131			STATE	132			YEAR	133						
TELEPHONE	128			DRIVER LICENSE NO.	129			EMV AGENCY	130			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	131			MODEL	132			YEAR	133			INSURANCE CO.	134						
TAKEN TO	129			NAME	130			DATE OF BIRTH	131			PLATE NO.	132			STATE	133			YEAR	134			INSURANCE CO.	135						
NAME	130			DRIVER	131			ARRIVED	132			PEW	133			BOLES	134			NEW	135			DATE OF BIRTH	136						
STREET ADDRESS	136			STATE	137			ZIP	138			VEHICLE OWNER (LAST, FIRST MI)	139			PLATE NO.	140			STATE	141			YEAR	142						
CITY	137			STATE	138			ZIP	139			VEHICLE OWNER (LAST, FIRST MI)	140			PLATE NO.	141			STATE	142			YEAR	143						
TELEPHONE	138			DRIVER LICENSE NO.	139			EMV AGENCY	140			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	141			MODEL	142			YEAR	143			INSURANCE CO.	144						
TAKEN TO	139			NAME	140			DATE OF BIRTH	141			PLATE NO.	142			STATE	143			YEAR	144			INSURANCE CO.	145						
NAME	140			DRIVER	141			ARRIVED	142			PEW	143			BOLES	144			NEW	145			DATE OF BIRTH	146						
STREET ADDRESS	146			STATE	147			ZIP	148			VEHICLE OWNER (LAST, FIRST MI)	149			PLATE NO.	150			STATE	151			YEAR	152						
CITY	147			STATE	148			ZIP	149			VEHICLE OWNER (LAST, FIRST MI)	150			PLATE NO.	151			STATE	152			YEAR	153						
TELEPHONE	148			DRIVER LICENSE NO.	149			EMV AGENCY	150			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	151			MODEL	152			YEAR	153			INSURANCE CO.	154						
TAKEN TO	149			NAME	150			DATE OF BIRTH	151			PLATE NO.	152			STATE	153			YEAR	154			INSURANCE CO.	155						
NAME	150			DRIVER	151			ARRIVED	152			PEW	153			BOLES	154			NEW	155			DATE OF BIRTH	156						
STREET ADDRESS	156			STATE	157			ZIP	158			VEHICLE OWNER (LAST, FIRST MI)	159			PLATE NO.	160			STATE	161			YEAR	162						
CITY	157			STATE	158			ZIP	159			VEHICLE OWNER (LAST, FIRST MI)	160			PLATE NO.	161			STATE	162			YEAR	163						
TELEPHONE	158			DRIVER LICENSE NO.	159			EMV AGENCY	160			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	161			MODEL	162			YEAR	163			INSURANCE CO.	164						
TAKEN TO	159			NAME	160			DATE OF BIRTH	161			PLATE NO.	162			STATE	163			YEAR	164			INSURANCE CO.	165						
NAME	160			DRIVER	161			ARRIVED	162			PEW	163			BOLES	164			NEW	165			DATE OF BIRTH	166						
STREET ADDRESS	166			STATE	167			ZIP	168			VEHICLE OWNER (LAST, FIRST MI)	169			PLATE NO.	170			STATE	171			YEAR	172						
CITY	167			STATE	168			ZIP	169			VEHICLE OWNER (LAST, FIRST MI)	170			PLATE NO.	171			STATE	172			YEAR	173						
TELEPHONE	168			DRIVER LICENSE NO.	169			EMV AGENCY	170			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	171			MODEL	172			YEAR	173			INSURANCE CO.	174						
TAKEN TO	169			NAME	170			DATE OF BIRTH	171			PLATE NO.	172			STATE	173			YEAR	174			INSURANCE CO.	175						
NAME	170			DRIVER	171			ARRIVED	172			PEW	173			BOLES	174			NEW	175			DATE OF BIRTH	176						
STREET ADDRESS	176			STATE	177			ZIP	178			VEHICLE OWNER (LAST, FIRST MI)	179			PLATE NO.	180			STATE	181			YEAR	182						
CITY	177			STATE	178			ZIP	179			VEHICLE OWNER (LAST, FIRST MI)	180			PLATE NO.	181			STATE	182			YEAR	183						
TELEPHONE	178			DRIVER LICENSE NO.	179			EMV AGENCY	180			OWNER ADDRESS (STREET, CITY, STATE, ZIP)	181			MODEL	182			YEAR	183			INSURANCE CO.	184						
TAKEN TO	179			NAME	180			DATE OF BIRTH	181			PLATE NO.	182			STATE	183			YEAR	184			INSURANCE CO.	185						
NAME	180			DRIVER	181			ARRIVED	182			PEW	183			BOLES	184			NEW	185			DATE OF BIRTH	186						
STREET ADDRESS	186			STATE	187			ZIP	188			VEHICLE OWNER (LAST, FIRST MI)	189			PLATE NO.	190			STATE	191			YEAR	192						
CITY	187			STATE	188																										

<p style="color: red; font-weight: bold; font-size: 1.2em;">XXXXXXXXXX</p>	<p>A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.</p>	<p>INDICATE NORTH BY ARROW</p> 
<p>COMMERCIAL MOTOR VEHICLE (CMV)</p> <p style="font-size: 0.8em;">IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.</p> <p>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 designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).</p>		
<p>NARRATIVE (Refer to vehicle by Unit No.)</p>	<p>CARRIER NAME _____ 94</p> <p>ADDRESS _____</p> <p>CITY/STATE/ZIP _____ 95 ILCC NO. _____</p> <p>USDOT NO. _____ 96 <input type="checkbox"/> Side door <input type="checkbox"/> Passengers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book</p> <p>Gross Vehicle Weight Rating (GVWR) _____ 97</p> <p>Were HAZMAT placards displayed on the vehicle? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, name on placard _____ 98</p> <p>4-digit UN no. _____ 1-digit Hazard Class no. _____</p> <p>Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK</p> <p>Did HAZMAT Regulations violation contribute to the crash? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK 99</p> <p>Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK</p> <p>Was a Driver/Vehicle Examination Report form completed? HAZMAT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Out of Service? <input type="checkbox"/> Y <input type="checkbox"/> N MCS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Out of Service? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Form No. _____</p> <p>IDOT PERMIT NO. _____ 100 WIDE LOAD? <input type="checkbox"/> Y <input type="checkbox"/> N 101</p> <p>TRAILER WIDTH(S): 0-96" _____ 97-102" _____ >102" _____</p> <p>TRAILER 1 <input type="checkbox"/> 102</p> <p>TRAILER 2 <input type="checkbox"/></p> <p>TRAILER LENGTH(S): 1 _____ 103 TRAILER 2 _____</p> <p>TOTAL VEHICLE LENGTH _____ 104 ft NO. OF AXLES _____ 105</p> <p>SELECT CODES FROM BACK COVER OF CRASH REPORT: 106 (K)LET:</p> <p>VEHICLE CONFIGURATION _____</p> <p>CARGO BODY TYPE _____ LOAD TYPE _____ 107 108</p>	
<p>UT Code _____ UT Towed By / to _____</p> <p>UT Code _____ UT Towed By / to _____</p>	<p>LOCAL USE ONLY</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold; color: blue;">93</p>	

ILLINOIS TRAFFIC CRASH REPORT

DIE CUT AREA

TEMPLATE 1

EVENT (EVENT) SEE THE BACK OF TEMPLATE 2 FOR HELP NONCOLLISION: 1 Plan of the roadway 2 Overturn 3 Fire/explosion 4 Impaction 5 Jactantile 6 Cargo shift/loss 7 Separation 8 Downhill runaway 9 Other noncollision 99 Unknown		WEATHER COND. (WEAT) 1 Clear 2 Rain 3 Snow 4 Fog/mist/haze 5 Sleet/hail 6 Severe cross wind 7 Other 8 Cloudy/overcast 9 Unknown		TRAFFIC CONTROL DEVICE (TRFD) 1 No controls 2 Stop sign/barrier 3 Traffic signal 4 Yield 5 Police/signman 6 RR crossing gate 7 Other RR crossing 8 School zone 9 No passing 10 Other reg. sign 11 Other warning sign 12 Lane use marking 13 Other 14 Detour/road 99 Unknown		TYPE OF FIRST CRASH (COLL) SINGLE VEHICLE CRASH 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. 1 Pedestrian 2 Padded motor vehicle 3 Train 4 Animal 5 Overturned 6 Fixed object 7 Other object 8 Other noncollision		MULTI VEHICLE CRASH 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. add the direction of travel or positioning 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. 9 Parked motor vehicle 10 Turning (at least one vehicle turning) 11 Rear end 12 Sideswipe same direction 13 Sideswipe opposite direction 14 Head on 15 Angle		VEHICLE TYPE (VEHT) 1 Passenger 2 Pickup 3 Van/minivan 4 Bus up to 15 pass. 5 Bus over 15 pass. 6 Truck - single unit 7 Tractor w/ semi-trailer 8 Farm equipment 9 Motorcycle (over 1500cc) 10 Motor driven cycle 11 Snowmobile 12 All-terrain vehicle (ATV) 13 Other vehicle with trailer 14 Sport utility vehicle (SUV) 15 Other 99 Unknown/N/A	
COLLISION WITH NOT FIXED OBJECTS: 11 Motor vehicle in traffic 12 Pedestrian 13 Recreational 14 Railway train 15 Deer 16 Other animal 17 Falling load 18 In-parked vehicle 19 Trailing vehicle 20 Other object 99 Unknown		FIXED OBJECTS: 21 Crash cushion 22 Guardrail base 23 Guardrail end 24 Concrete/wood barrier 25 Bridge support 26 Bridge end 27 Bridge rail 28 Bridge underside 29 Traffic sign 30 Light support 31 Utility pole 32 Detention post 33 Railroad signal/gate 34 Other pole or post 35 Curb 36 Utility structure 37 Street/overpass 38 Streetcar 39 Vehicle 40 Mailbox 41 Pole 42 Blue structure 43 Other fixed object 44 Cable barrier 99 Unknown		DEVICE CONDN. (TRFC) 1 No controls 2 Not functioning 3 Functioning improperly 4 Functioning properly 5 Worn reflect. material 6 Missing 7 Other 9 Unknown		VEHICLE MANEUVER PRIOR (MANNV) 1 Straight ahead 2 Passing/overshooting 3 Turning left 4 Turning right 5 Turning on red 6 U-turn 7 Starting in traffic 8 Slow/stop - left turn 9 Slow/stop - right turn 10 Slow/stop - load/unload 11 Slow/stop in traffic 12 Driving wrong way 13 Changing lanes 14 Avoiding vehicles/objects 15 Sludding/ control loss 16 Entering traffic lane from parking 17 Leaving traffic lane to park 18 Merging 19 Diverging 20 Enter from driveway 21 Perished 22 Parked in traffic lane 23 Backing 24 Drive/steer 25 Other 26 Negotiating a curve 99 Unknown/N/A		CRASH DATA SAVES LIVES! CRASH DATA 3 PED/PEDAL ACTION (PPA) 1 In roadway 2 In crosswalk 5 Driveway access 6 Not in roadway 7 Blew/way 9 Unknown/N/A 3 Turning left 4 Turning right 20 Enter from driveway 51 Crossing - with signal 52 Crossing - against signal ENTERING/LEAVING / CROSSING 53 School bus (with 50 ft.) 54 Parked vehicle 55 Not at intersection WALKING / RIDING 56 With traffic 57 Against traffic 58 Tow/own disabled vehicle OTHER: 59 Waiting for school bus 60 Playing/working on vehicle 61 Staying in roadway 62 Working in roadway 64 Other action 65 Indicated ped/pedal 99 Unknown/N/A		VEHICLE USE (VEHU) 1 Not in use 2 Personal 3 Driver education 4 Agriculture 5 Police 6 School bus 7 School bus 8 CTA 9 Mass transit 10 Other transit 11 Military 12 Agriculture 13 Snow truck 14 Construction/maintenance 15 House trailer 16 Trailer (RV - towed/trail unit) 17 Trailer (RV - single unit) 18 Trailer for fire 20 Commercial - multi-unit 21 Commercial - single unit 22 State owned 24 Lawn care/landscaping 99 Other Unknown/N/A	
EVENT NUMBER (EVENT) CHECK NUMBER (CHECK) UNIT		EVENT LOCATION (LOC) 1 On pavement (roadway) 2 On pavement - left 3 On pavement - right 4 Intersection 5 Other 9 Unknown		VEHICLE MANEUVER PRIOR (MANNV) 15 Sludding/ control loss 16 Entering traffic lane from parking 17 Leaving traffic lane to park 18 Merging 19 Diverging 20 Enter from driveway 21 Perished 22 Parked in traffic lane 23 Backing 24 Drive/steer 25 Other 26 Negotiating a curve 99 Unknown/N/A		NUMBER OF OCCUPANTS (# OCCS) INCLUDE DRIVER AS PART OF # OCCS TOTAL: 3 passengers + 1 driver = 4		DIRECTION TRAVEL PRIOR (DIRP) 			

CRASH DATA SAVES LIVES!

DIE CUT AREA

CONTRIBUTORY CAUSE CODES

CODE	CAUSE TYPE	CODE	CAUSE TYPE
01	Exceeding authorized speed limit	21	Animal
02	Failing to yield right-of-way	22	Disregarding yield sign
03	Following too closely	23	Disregarding stop sign
04	Improper overtaking/passing	24	Disregarding other traffic signs
05	Driving on wrong side/wrong way	25	Disregarding traffic signals
06	Improper turning/no signal	26	Disregarding road markings
07	Turning right on red	27	Exceeding safe speed for conditions
08	Under the influence of alcohol/drugs (use when arrest is effected)	28	Failing to reduce speed to avoid crash
09	Equipment - vehicle condition	29	Passing stopped school bus
10	Weather	30	Improper backing
11	Road engineering/surface/markings defects	32	Evasive action due to animal, object, nonmotorist
12	Road construction/maintenance	40	Distraction - from outside vehicle
13	Vision obscured (signs, tree limbs, buildings, etc.)	41	Distraction - from inside vehicle
14	Driving skills/knowledge/experience	43	Distraction - other electronic device (navigation device, DVD player, etc.)
15	Physical condition of driver	44	Texting
17	Unable to determine	45	Cell phone use other than texting
18	Had been drinking (use when arrest is not made)	50	Operating vehicle in erratic, reckless, careless, negligent or aggressive manner
19	Improper lane usage	60	Motorcycle advancing legally on red light
20		61	Bicycle advancing legally on red light
		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 texting is the second most significant cause of the crash. Enter 01 in the "PRIMARY" field and 44 in the "SECONDARY" field.

INJURY CLASSIF. (INJ)	EJECTION OR EXTRICATION (EJCT)
K Fatal A Incapacitating injury B Nonincapacitating injury C Reported, not evident 0 No indication of injury	1 None 2 Totally ejected 3 Partially ejected 4 Trapped/ejected 9 Unknown

SAFETY EQUIPMENT USED (SAFT)
1 None present 2 Safety belt used 3 Safety belt not used 4 Helmet used 5 Helmet not used 6 Child restraint used 7 Child restraint used improperly 8 Child restraint not used 9 Usage Unknown

AIR BAG DEPLOYED (AIR)
3 Not applicable 4 Did not deploy 5 Deployed, front 6 Deployed, side 7 Deployed other (knee, air belt, etc.) 8 Deployed, combination 9 Deployment unknown

CRASH DATA SAVES LIVES!



SEQUENCE AND LOCATION OF EACH EVENT

DIE CUT AREA

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

UNIT	EVENT	LOCATION	TIME
UNIT 1	<input checked="" type="checkbox"/>	18	5
UNIT 2	<input type="checkbox"/>		
UNIT 3	<input type="checkbox"/>		
UNIT 4	<input type="checkbox"/>		

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

UNIT	EVENT	LOCATION	TIME
UNIT 1	<input type="checkbox"/>	1	3
UNIT 2	<input checked="" type="checkbox"/>	25	3
UNIT 3	<input type="checkbox"/>	2	3
UNIT 4	<input type="checkbox"/>		

Overturn
 Unit 1, a tractor/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 str. ut. The TYPE OF FIRST CRASH (COLL.)=5.

UNIT	EVENT	LOCATION	TIME
UNIT 1	<input type="checkbox"/>	1	2
UNIT 2	<input checked="" type="checkbox"/>	2	2
UNIT 3	<input type="checkbox"/>	4	2
UNIT 4	<input type="checkbox"/>		

The Event boxes are used for identifying the sequence and location of each EVENT (EVENT) that occurred during the crash. The purpose is to identify what happened to each unit.

Select the appropriate event from the EVENT (EVENT) box on Template 1. Under the column heading (EVENT), and next to UNIT 1 on the crash report form, enter the corresponding event number code to the right of the 1 (skipping over 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.

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). Under the column heading (MOST), a check box appears to the right of each location. Determine which event appears to be the most severe and mark that corresponding box only. Only one box per unit should be marked.

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

ATTENTION: THE CMV TEMPLATE HAS BEEN MOVED TO THE BACK OF THIS SR1050 BOOKLET.

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 designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

If you have any questions regarding a **Commercial Motor Vehicle Crash** please call IDOT Division of Traffic Safety at (217) 785-3038.

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)			CARGO BODY TYPE (Choose Applicable Number)			COMMERCIAL MOTOR VEHICLE
1 	4 	7 	1 	5 	8 	
2 	5 		2 	6 	9 Other	
3 	6 	9 Unknown heavy truck	3 			

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.

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
P.O. Box 19211
Springfield, Illinois 62766-0002**

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 03/23/15

The SR 1050 Instruction Manual for Law Enforcement Agencies is posted on IDOT's website: <http://www.idot.illinois.gov/home/resources/Manuals/Manuals-and-Guides>. 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
2013	Updated SR 1050 to included additional work zone and cell phone fields	John Webber
2013 (updated)	Updated the definition of a work zone. Added hyperlinks and updated web addresses.	Ken Martin

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