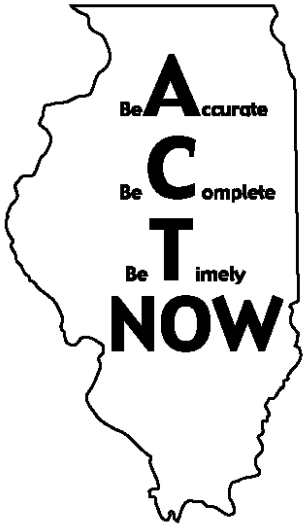
Illinois Traffic Crash Report SR 1050

2013

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.dot.il.gov/trafficsafety/SR1050.pdf

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Preface

The Illinois Department of Transportation (IDOT) is pleased to provide the new Illinois Traffic Crash Report SR 1050 Instruction Manual for Law Enforcement Agencies. This manual addresses changes to the SR 1050 crash form brought about by 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.dot.il.gov/trafficsafety/ECRweb.html

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 <u>must</u> be copied and sent in with the matching unique 10-character **control number** from the upper right corner of the original SR1050 traffic crash report.

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

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

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

Removal of Unused SR1050s: Please remove all unused forms older than 2013 from circulation. The date is located on the lower left corner of the form, after **“**SR1050.” Please check all desk drawers, files, vehicles (trunks, too), lockers, etc., to ensure all unused forms older than 2013 are collected and destroyed.

Fatalities

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

- **Police Crash Reports with Fatalities should be submitted as soon as possible** in pre-addressed envelopes provided by the Department for this exclusive use.

- It is the responsibility of the officer/agency to amend the crash report and **notify IDOT of any death occurring after the original crash report has been submitted, if such death is a result of the crash and occurs within 30 days of the crash.**

A crash resulting in one or more fatalities increases the importance of every data item on the SR 1050 crash form. **IDOT will 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 29 - 35.**

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 an SR 1050 report to IDOT.

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

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

(As it appears on new form)

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

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

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

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 an 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 an SR 1050 report be completed and a copy submitted to IDOT. Motorists involved in such crashes must complete and submit the original Illinois Motorist Report (SR 1) to IDOT. (See "Submitting Reports" on **page 5**.)

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

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.

NEW

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** are used by cities and counties participating in the Illinois Department of Transportation LOCAL ACCIDENT REFERENCE SYSTEM. In most standard operations, the records clerk completes this block. Please, **do <u>not</u> write in this area if you do not have LARS Codes.**

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 - NO DRIVER** – when an unoccupied parked vehicle is struck.
- NEW ☐ **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 <u>not</u> 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 legally parked when struck, print PARKED next to the driver's name. If a vehicle is illegally parked when struck, print ILLEGALLY PARKED. In both instances, enter the name of the person, when known, who last had control of the vehicle and any available information.

If a **train** is involved, print the word TRAIN in place of the driver information and list it as **DAMAGED PROPERTY** (see **# 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 a motor vehicle in which at least one person dies within 30 days of the crash.
- **A Incapacitating injury** – Any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he/she was capable of performing before the injury occurred. This includes severe lacerations, broken/distorted limbs, skull injuries, chest injuries, abdominal injuries.
- **B Nonincapacitating injury** – Any injury, other than a fatal or incapacitating injury, which is evident to observers at the scene of the crash. This includes lumps on the head, abrasions, bruises, minor lacerations.
- **C Reported, not evident** – Any injury reported or claimed which is not listed above. This includes momentary unconsciousness, claims of injuries not evident, limping, complaints of pain, nausea, hysteria.
- **O No indication of injury.**

30 Enter a code for **EJECTION OR EXTRICATION (EJCT)** from Template 2.

31 Enter the area code and **TELEPHONE** number. Cell phone numbers are permitted.

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).

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

If a **train** is involved, print the word TRAIN in place of the driver information and list it as **DAMAGED PROPERTY**. Indicate the NAME OF THE RAILROAD COMPANY (in **#48**), the LOCOMOTIVE NUMBER (in **#49**), and the OWNER'S ADDRESS (in **#50)**. Damaged property contained within a vehicle should <u>not</u> 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 trafficway where construction, maintenance, or utility work activities are identified by warning signs/signals/indicators, including those on transport devices (e.g., signs, flashing lights, channelizing devices, barriers, pavement markings, flagmen, warning signs and arrow boards mounted on the vehicles in a mobile maintenance activity) that mark the beginning and end of a construction, maintenance or utility work activity. It extends from the first warning sign, signal or flashing lights to the END ROAD WORK sign or the last traffic control device pertinent for that work activity. 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.

Note that workers do not have to be present at the time of the crash 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, list only the three most severe.

When 9 - OTHER NONCOLLISION is selected, no other entry should be entered. It should be <u>used only when no other **EVENT** occurred</u> and the <u>vehicle did not strike</u> 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 signa**l. Or, if two units collide on the roadway, the only entry may be **11 - Motor vehicle in traffic**. When more than one event is entered, check boxes are provided to identify the single most severe event for each unit. For Type A crashes, this information may replace a Diagram and Narrative. However, **if event information is not provided, a Diagram and Narrative are required**.

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

Fields **#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 / BIKE 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.

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. 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 <u>not</u> drawn to scale (it is not a reconstruction), unless otherwise noted**. A Diagram and Narrative are required on all <u>Type B</u> 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)
UNIT 1	1	☒	12	4
	2	☐		
	3	☐		
UNIT 2	1	☒	11	4
	2	☐		
	3	☐		

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)
UNIT 1	1	☒	12	1
	2	☐	12	1
	3	☐	18	1
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 3	1	☒	11	1
	2	☐		
	3	☐		
UNIT 4	1	☒	11	1
	2	☐		
	3	☐		

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)
UNIT 1	1	☒	13	4
	2	☐		
	3	☐		
UNIT 2	1	☒	11	4
	2	☐		
	3	☐		

Figure 3 – Train

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

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☒	14	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 4 – Animal

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

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☒	15	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

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)
UNIT 1	1	☐	1	2
	2	☒	2	2
	3	☐	41	2
UNIT 2	1	☐		
	2	☐		
	3	☐		

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)
UNIT 1	1	☐	1	3
	2	☒	25	3
	3	☐	2	3
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 7 – Other Object

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

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☒	20	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

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)
UNIT 1	1	☒	9	4
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

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	☒	18	5
	2	☐		
	3	☐		
UNIT 2	1	☒	11	5
	2	☐		
	3	☐		

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	☒	18	1
	2	☐	18	1
	3	☐		
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 3	1	☒	11	1
	2	☐		
	3	☐		
UNIT 4	1	☐		
	2	☐		
	3	☐		

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	☒	11	4
	2	☐		
	3	☐		
UNIT 2	1	☒	11	4
	2	☐		
	3	☐		

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	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☐	11	1
	2	☐	1	2
	3	☒	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	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

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	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☒	11	1
	2	☐	1	3
	3	☐	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	☒	11	1
	2	☐		
	3	☐		
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

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	☒	11	4
	2	☐		
	3	☐		
UNIT 2	1	☒	11	4
	2	☐	1	3
	3	☐	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.

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Division of Traffic Safety
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		Mailing Label (for submitting Police Crash Report copies to IDOT)
		Instruction Manual – for SR 1050/1050A Illinois Traffic Crash Report Form
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		CMV Visor Cards
		Police Report Batch Control Sheet
		Property Damage Estimator (OCC2227)
		Other:

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

Agency _____

Chief/Sheriff _____

Attention _____

Address _____

City _____ ***Zip*** _____

Telephone _____ ***Fax*** _____

Email (optional) _____

Illinois Department of Transportation
Division of Traffic Safety

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

SR 1050

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

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

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.

DID CRASH OCCUR IN A WORK ZONE? ☐Y ☐N
IF YES CHECK ONE BELOW:
☐ CONSTRUCTION
☐ MAINTENANCE
☐ UTILITY
☐ UNKNOWN WORK ZONE TYPE
WORKERS PRESENT? ☐Y ☐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.

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐★	☐

★ IF YES SEE SIDEBAR

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	☐ $500 OR LESS ☐ $501 - $1,500 ☐ 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: **NUMBER/NAME** of highway/street upon which the crash occurred as well as the **DISTANCE, DIRECTION** AND **NUMBER/NAME** 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.

ILLINOIS TRAFFIC CRASH REPORT

Sheet ___ of ___ Sheets

P0113

A234567890

DRAC 68 U1 U2 | PEDV 69 | TRFD 70 | TRFC 71 | WEAT 72 | DRVA 73 U1 U2 | VIS 74 U1 U2 | VEHD 75 U1 U2 | LIGHT 76 | COLL 77 | MANV 78 U1 U2 | PPA 79 | PPI 80

INVESTIGATING AGENCY 3

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY 4 ☐ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT 5 ☐ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

6 ☐ A No Injury / Drivaway ☐ B Injury and / or Fatal Due To Crash

AGENCY CRASH REPORT NO. 7 YR

TRFW 81

ADDRESS NO. 8 | HIGHWAY or STREET NAME 9 | ☐ City 11 Township ☐ | INTERSECTION RELATED 13 ☐ Y ☐ N | DATE OF CRASH 16 mo / day / yr | TIME 17 ☐ AM ☐ PM | LARS CODE

VEHT U1 82 U2

☐ (CIRCLE) FT / MI (CIRCLE) N E S W 10 | COUNTY 12 | PRIVATE PROPERTY 14 ☐ Y ☐ N | HIT & RUN 15 ☐ Y | DOORING WITH PEDALCYCLIST? | NUMBER MOTOR VEHICLES INVOLVED 19 | LARS CODE 20

☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

NO. LANES 83

UNIT 1

21 ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV | (LAST, FIRST, MI) 22 | DATE OF BIRTH 23 mo / day / yr | MAKE 37 | MODEL | YEAR | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 42: 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN, POINT OF FIRST CONTACT | FRONT 1 2 8 9 3 7 5 6 4 REAR | Y N: TOWED DUE TO 43, FIRE, CELLPHONE, EXCEED SPEED LIMIT, COM VEH ☐★☐ ★ IF YES SEE SIDEBAR

STREET ADDRESS 24 | SEX 25 | SAFT 26 | AIR 27 | PLATE NO. 38 | STATE | YEAR

CITY 28 | STATE | ZIP | INJURY 29 | EJECT 30 | VIN 39

TELEPHONE 31 | DRIVER LICENSE NO. 32 | STATE 33 | CLASS 34 | VEHICLE OWNER (LAST, FIRST M.I.) 40 | INSURANCE CO. 44

TAKEN TO 35 | EMS AGENCY 36 | OWNER ADDRESS (STREET, CITY, STATE, ZIP) 41 | TELEPHONE | POLICY NO. 45

ALGN 84

RSUR 85

VEHU U1 86 U2

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV | (LAST, FIRST, MI) 46 | DATE OF BIRTH mo / day / yr | MAKE | MODEL | YEAR | CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE, 10 - UNDER CARRIAGE, 11 - TOTAL (ALL AREAS), 12 - OTHER, 99 - UNKNOWN, POINT OF FIRST CONTACT | FRONT 1 2 8 9 3 7 5 6 4 REAR | Y N: TOWED DUE TO CRASH, FIRE, CELLPHONE, EXCEED SPEED LIMIT, COM VEH ☐★☐ ★ IF YES SEE SIDEBAR

STREET ADDRESS | SEX | SAFT | AIR | PLATE NO. | STATE | YEAR

CITY | STATE | ZIP | INJURY | EJECT | VIN

TELEPHONE | DRIVER LICENSE NO. | STATE | CLASS | VEHICLE OWNER (LAST, FIRST M.I.) | INSURANCE CO.

TAKEN TO | EMS AGENCY | OWNER ADDRESS (STREET, CITY, STATE, ZIP) | TELEPHONE | POLICY NO.

RDEF 87

BAC U1 88 U2

OCCS U1 89 U2

DIRP U1 90 U2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) 47	(HOSP)	(EMS)
		/ /								
		/ /								
		/ /								
		/ /								
		/ /								

	(EVNO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐		
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

65 66 67

DAMAGED PROPERTY OWNER NAME 48 | DAMAGED PROPERTY 49

PROPERTY OWNER ADDRESS 50 | CITY | STATE | ZIP

ARREST NAME 53 | SECTION 54 | CITATION NO. 55

ARREST NAME | SECTION | CITATION NO.

OFFICER ID. 57 | SIGNATURE 58 | BEAT / DIV 59 | SUPERVISOR ID. 60

CONTRIBUTORY CAUSE(S) PRIMARY 51 SECONDARY

POSTED SPEED LIMIT 52

DATE POLICE NOTIFIED 56 mo / day / yr | TIME NOTIFIED : ☐ AM ☐ PM

COURT DATE 61 mo / day / yr | COURT TIME : ☐ AM ☐ PM

DID CRASH OCCUR IN A WORK ZONE? 62 ☐ Y ☐ N

IF YES CHECK ONE BELOW: 63 ☐ CONSTRUCTION ☐ MAINTENANCE ☐ UTILITY ☐ UNKNOWN WORK ZONE TYPE

WORKERS PRESENT? 64 ☐ Y ☐ N

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

*IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

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SR 1050 JANUARY 2013

AXXXXXXXXX

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

INDICATE NORTH BY ARROW

91

NARRATIVE (Refer to vehicle by Unit No.)

92

LOCAL USE ONLY

93

U1 Color | U2 Color

U1 Towed by / to | U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

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

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or 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).

CARRIER NAME _____

ADDRESS _____ 94 _____

_____

CITY/STATE/ZIP _____

USDOT NO. _____ 95 _____ ILCC NO. _____

Source of above info. ☐ Side d 96 ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____ 97 _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____ 98 _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? 99 ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ 100 _____ WIDE LOAD? ☐ Y ☐ N 101

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

102

TRAILER LENGTH(S): 1 _____ ft 103 TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ 104 ft NO. OF AXLES _____ 105

SELECT CODES FROM BACK COVER OF CRAS[illegible]OKLET: 106

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ 107 LOAD TYPE _____ 108

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 1

DIE CUT AREA

EVENT (EVNT)
SEE THE BACK OF TEMPLATE 2 FOR HELP

NONCOLLISION:
1 Ran off the roadway
2 Overturn
3 Fire/explosion
4 Immersion
5 Jackknife
6 Cargo shift/loss
7 Separation
8 Downhill runaway
9 Other noncollision
99 Unknown

COLLISION WITH:
NOT FIXED OBJECTS:
11 Motor vehicle in traffic
12 Pedestrian
13 Pedalcyclist
14 Railway train
15 Deer
16 Other animal
17 Falling load
18 Hit parked vehicle
19 Thrown/falling object
20 Other object
99 Unknown

FIXED OBJECTS:
21 Crash cushion
22 Guardrail face
23 Guardrail end
24 Concrete med. barrier
25 Bridge support
26 Bridge end
27 Bridge rail
28 Bridge underside
29 Traffic signal
30 Light support
31 Utility pole
32 Delineator post
33 Railroad signal/gates
34 Other pole or post
35 Culvert
36 Curb
37 Ditch/embankment
38 Snowbank
39 Fence
40 Mailbox
41 Tree or shrub
42 Building/structure
43 Other fixed object
44 Cable barrier
99 Unknown

EVENT NUMBER (EVNO)

CHECK MOST SEVERE NUMBER (MOST)

Unit No

WEATHER CONDN. (WEAT)
1 Clear
2 Rain
3 Snow
4 Fog/smoke/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/flasher
3 Traffic signal
4 Yield
5 Police/flagman
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 Delineators
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

LIGHTING CONDN. (LGHT)
1 Daylight
2 Dawn
3 Dusk
4 Darkness
5 Darkness, lighted road
9 Unknown

EVENT LOCATION (LOC)
1 On pavement (roadway)
2 Off pavement - left
3 Off pavement - right
4 Intersection
5 Other
9 Unknown

TYPE OF FIRST CRASH (COLL)

SINGLE VEHICLE CRASH	MULTI 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.	The intended direction of travel of each motor vehicle prior to the onset of the crash should determine the selection of the Multi Vehicle Crash code, not the direction of travel or position/angle of the vehicle at the point of contact. If the **first damage/injury occurs when two vehicles strike, you must select a code 9-15.**
1 Pedestrian	9 Parked motor vehicle
2 Pedalcyclist	10 Turning (at least one vehicle turning) / 11 Rear end
3 Train	
4 Animal	12 Sideswipe same direction / 13 Sideswipe opposite direction
5 Overturned	
6 Fixed object	
7 Other object	14 Head on / 15 Angle
8 Other noncollision	
Example: A motor vehicle skids on ice, loses control and strikes a guardrail. The **COLL** code should be **6 - Fixed object** because no damage occurred until the guardrail was struck.	Example: Unit 1 is NB and Unit 2 is SB on a four-lane divided roadway. Unit 1 skids on ice, loses control, crosses the grass median, re-enters the roadway into oncoming traffic, and collides with Unit 2. The **COLL** code should be **14 - Head on** because no damage occurred until the two units collided.

PED/PEDAL LOCATION (PPL)
1 In roadway
2 In crosswalk
5 Driveway access
6 Not in roadway
7 Bikeway
9 Unknown/NA

PED/PEDAL ACTION (PPA)
3 Turning left
4 Turning right
20 Enter from drive/alley
50 No action
51 Crossing - with signal
52 Crossing - against signal

ENTERING / LEAVING / CROSSING
53 School bus (within 50 ft.)
54 Parked vehicle
55 Not at intersection

WALKING / RIDING
56 With traffic
57 Against traffic
58 To/from disabled vehicle

OTHER:
59 Waiting for school bus
60 Playing/working on vehicle
61 Playing in roadway
62 Standing in roadway
63 Working in roadway
64 Other action
65 Intoxicated ped/pedal
99 Unknown/NA

CRASH DATA SAVES LIVES!

VEHICLE TYPE (VEHT)
1 Passenger
2 Pickup
3 Van/mini-van
4 Bus up to 15 pass.
5 Bus over 15 pass.
6 Truck - single unit
7 Tractor w/ semi-trailer
8 Tractor w/o semi-trailer
9 Farm equipment
10 Motorcycle (over 150cc)
11 Motor driven cycle
12 Snowmobile
13 All-terrain vehicle (ATV)
14 Other vehicle with trailer
15 Sport utility vehicle (SUV)
16 Other
99 Unknown/NA

VEHICLE USE (VEHU)
1 Not in use
2 Personal
3 Driver education
4 Ambulance
5 Fire
6 Police
7 School bus
8 CTA
9 Mass transit
10 Other transit
11 Military
12 Agriculture
13 Tow truck
14 Construction/maintenance
15 House trailer
16 Camper/RV - towed/mult-unit
17 Camper/RV - single unit
18 Taxi/for hire
20 Commercial - mult-unit
21 Commercial - single unit
22 State owned
24 Lawn care/Landscaping
98 Other
99 Unknown/NA

NUMBER OF OCCUPANTS (# OCCS)
INCLUDE DRIVER AS PART OF # OCCS TOTAL:
3 passengers + 1 driver=4

VEHICLE MANEUVER PRIOR (MANV)
1 Straight ahead
2 Passing/overtaking
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 Skidding/ control loss
16 Entering traffic lane from parking
17 Leaving traffic lane to park
18 Merging
19 Diverging
20 Enter from drive/alley
21 Parked
22 Parked in traffic lane
23 Backing
24 Driverless
25 Other
26 Negotiating a curve
99 Unknown/NA

DIRECTION TRAVEL PRIOR (DIRP)
1 N
2 NE
3 E
4 SE
5 S
6 SW
7 W
8 NW

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CRASH DATA SAVES LIVES!

DIE CUT AREA

CONTRIBUTORY CAUSE CODES

CODE	CAUSE TYPE
01	Exceeding authorized speed limit
02	Failing to yield right-of-way
03	Following too closely
04	Improper overtaking/passing
05	Driving on wrong side/wrong way
06	Improper turning/no signal
07	Turning right on red
08	Under the influence of alcohol/drugs (use when arrest is effected)
10	Equipment - vehicle condition
11	Weather
12	Road engineering/surface/marking defects
13	Road construction/maintenance
14	Vision obscured (signs, tree limbs, buildings, etc.)
15	Driving skills/knowledge/experience
17	Physical condition of driver
18	Unable to determine
19	Had been drinking (use when arrest is not made)
20	Improper lane usage

CODE	CAUSE TYPE
21	Animal
22	Disregarding yield sign
23	Disregarding stop sign
24	Disregarding other traffic signs
25	Disregarding traffic signals
26	Disregarding road markings
27	Exceeding safe speed for conditions
28	Failing to reduce speed to avoid crash
29	Passing stopped school bus
30	Improper backing
32	Evasive action due to animal, object, nonmotorist
40	Distraction - from outside vehicle
41	Distraction - from inside vehicle
43	Distraction - other electronic device (navigation device, DVD player, etc.)
44	Texting
45	Cell phone use other than texting
50	Operating vehicle in erratic, reckless, careless, negligent or aggressive manner
60	Motorcycle advancing legally on red light
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.

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 2

DIE CUT AREA

APPARENT PHYSICAL CONDITION (DRAC)
1 Normal
2 Impaired - alcohol
3 Impaired - drugs
4 Illness/fainted
6 Medicated
7 Had been drinking
8 Fatigued/asleep
9 Unknown
10 Other
11 Emotional
12 Removed by EMS

SEATING POSITION (SEAT)
1 2 3
4 5 6
10 11 12
7 Enclosed passenger
8 Exposed passengers

INJURY CLASSIF. (INJ)
K Fatal
A Incapacitating injury
B Nonincapacitating injury
C Reported, not evident
0 No indication of injury

PED / BIKE VISIBILITY (PEDV)
1 No contrasting clothing
2 Contrasting clothing
3 Reflective material
4 Other light source used

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

DRIVER VISION (VIS)
1 Not obscured
2 Windshield (water/ice)
3 Trees, plants
4 Buildings
5 Embankment
6 Signboard
7 Hillcrest
8 Parked vehicles
9 Moving vehicles
10 Blinded - headlights
11 Blinded - sunlight
12 Blowing materials
13 Other
99 Unknown

VEHICLE DEFECTS (VEHD)
1 None
2 Brakes
3 Steering
4 Engine/motor
5 Suspension
6 Tires
7 Exhaust
8 Lights
9 Signals
10 Windows
11 Restraint system
12 Wheels
13 Trailer coupling
14 Cargo
15 Fuel system
16 Other
99 Unknown

DRIVER ACTION (DRVA)
1 None
2 Failed to yield
3 Disregarded control devices
4 Too fast for conditions
5 Improper turn
6 Wrong way/side
7 Followed too closely
8 Improper lane change
9 Improper backing
10 Improper passing
11 Improper parking
12 License restrictions
13 Stopped school bus
14 Emergency vehicle on call
15 Evading police vehicle
16 Other
44 Texting
45 Cell phone use other than texting
99 Unknown

Private Property: This is **not** the area to indicate that there was private property damage. Check **Yes only if the crash began on, ended on and all damage occurred on** private property.

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

DIE CUT AREA

Intersection Related: Was this an intersection **related** crash? A crash does not have to actually occur at an intersection to be considered intersection related. For example; if 5 vehicles are lined up at a traffic signal and a rear end collision occurs at the back of the line, 75 feet from the intersection, it **is** intersection related.

EJECTION OR EXTRICATION (EJCT)
1 None
2 Totally ejected
3 Partially ejected
4 Trapped/extricated
9 Unknown

TRAFFICWAY DESCRIPTION (TRFW)

TWO-WAY
1 Not divided
2 Divided - w/median (not raised)
3 Divided - w/median barrier
4 Center turn lane

OTHER
7 Parking lot
8 Other
9 Unknown

OTHER
10 One-Way
11 Ramp
12 Alley
13 Driveway

NUMBER OF LANES (NO. LANES)
Count through lanes, both directions.
If at intersection, use "0" (zero).

ALIGNMENT (ALGN)
1 Straight and level
2 Straight on grade
3 Straight on hillcrest
4 Curve, level
5 Curve on grade
6 Curve on hillcrest

ROADWAY SURFACE CONDITION (RSUR)
1 Dry
2 Wet
3 Snow or slush
4 Ice
5 Sand, mud, dirt
6 Other
9 Unknown

ROAD DEFECTS (RDEF)
1 No defects
6 Shoulder Defect
7 Rut, holes
8 Worn surface
9 Debris on roadway
10 Other
99 Unknown

DRIVER BAC TEST RESULT (BAC)
Enter BAC result or one of the following:
95 Test refused
96 Test not offered
97 Test performed results unknown

If drug test was given put in the narrative

UNIT NO.

DATE OF BIRTH
mo/day/yr

PASSENGERS & WITNESSES
Full Name, Address, Telephone

TAKEN TO (hospital)

EMS RUN NUMBER or AGENCY NAME

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CRASH DATA SAVES LIVES!

INJURY CLASSIF. (INJ)
K Fatal
A Incapacitating injury
B Nonincapacitating injury
C Reported, not evident
0 No indication of injury

EJECTION OR EXTRICATION (EJCT)
1 None
2 Totally ejected
3 Partially ejected
4 Trapped/extricated
9 Unknown

DIE CUT AREA

SEQUENCE AND LOCATION OF EACH EVENT

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

DIE CUT AREA

For each unit, enter up to 3 EVENT codes to indicate what was struck.

If a NONCOLLISION event occurs, select from EVENTS numbered 1-9.

Parked 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.

	(EVNT)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☒	18	5
	2	☐		
	3	☐		
UNIT 2	1	☒	11	5
	2	☐		
	3	☐		

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.

	(EVNT)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐	1	3
	2	☒	25	3
	3	☐	2	3
UNIT 2	1	☐		
	2	☐		
	3	☐		

Overturned

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

	(EVNT)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	☐	1	2
	2	☒	2	2
	3	☐	41	2
UNIT 2	1	☐		
	2	☐		
	3	☐		

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

The Event boxes 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.

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 from, 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 then 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 Commerical 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).

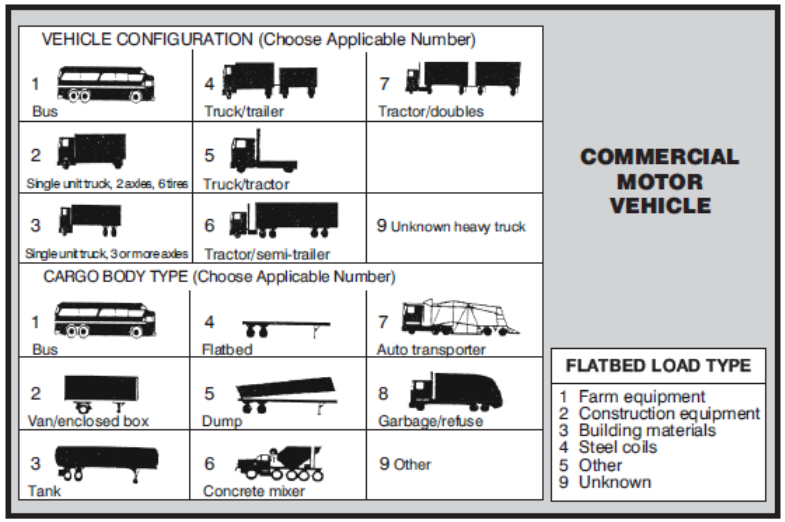
If you have any questions regarding a **Commercial Motor Vehicle Crash** please call IDOT Division of Traffic Safety at **(217) 785-3038.**

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.



Appendices

Appendix 1: Motorist Crash Reporting Instructions

When should a crash be reported?

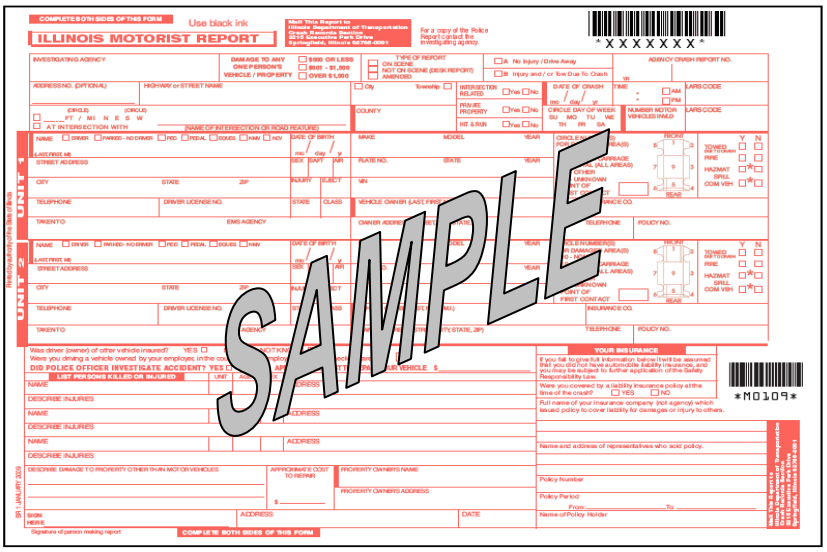
Illinois law: "The driver of a vehicle that is in any manner involved in an accident within this State, resulting in injury to or death of any person, or in which damage to the property of any one person, including himself, in excess of $1,500 (or $500 if any of the vehicles involved in the accident 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, carboned 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 62766-0001

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

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

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

Appendix 2: Revision History and Document Control

Last updated 11/30/12

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

Revision Date	Description	Approval
	(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 include additional work zone and cell phone fields	John Webber