

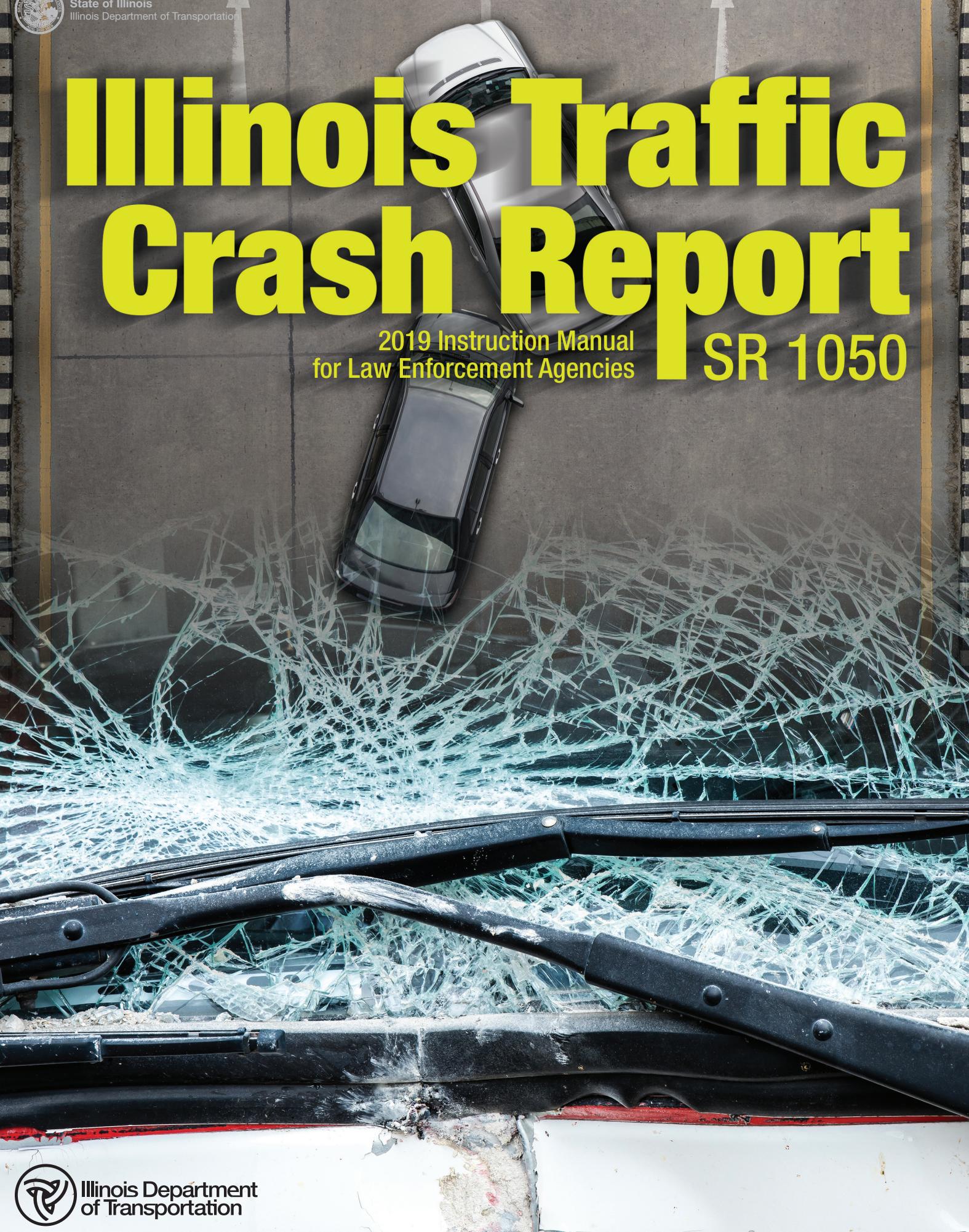


State of Illinois
Illinois Department of Transportation

Illinois Traffic Crash Report

2019 Instruction Manual
for Law Enforcement Agencies

SR 1050



Illinois Department
of Transportation



SR 1050

Instruction Manual for Law Enforcement Agencies

Traffic Crash Report forms are printed and furnished by the Illinois Department of Transportation, Office of Planning & Programming, Bureau of Data Collection. To request forms and other crash reporting materials, or to obtain further information:

- call us at **(217) 785-2736**
- email us at dot.crashforms@illinois.gov
- order on-line at <http://ecrash.dot.illinois.gov/FormsRequests/>

Illinois Department of Transportation
Office of Planning & Programming
Bureau of Data Collection
Attention: Local Liaison
2300 S. Dirksen Parkway, Room 019
Springfield, IL 62764-0001

This manual can also be found at:

<http://www.idot.illinois.gov/home/resources/Manuals/Manuals-and-Guides>

Table of Contents

| | |
|--|----|
| Preface | 1 |
| Electronic Crash Reporting via XML 3rd Party Vendors | 1 |
| SR 1050 Crash Report Form Design | 2 |
| Fatalities | 3 |
| General Information | 3 |
| Reporting Requirements | 3 |
| New in 2019..... | 4 |
| Step-by-Step Instructions..... | 5 |
| Coding Examples..... | 22 |
| Definitions for TYPE OF FIRST CRASH (COLL)..... | 25 |
| Common Errors | 27 |
| TYPE OF FIRST CRASH (COLL) | 27 |
| PRIVATE PROPERTY | 27 |
| Order Form..... | 28 |
| SR 1050 Crash Report Form Booklet Cover..... | 29 |
| Crash Report Form with Instruction Numbers..... | 30 |
| Coding Templates 1 and 2..... | 32 |
| Large Truck, Bus or HM Vehicle Coding Information..... | 36 |
| Appendices..... | 37 |
| Appendix 1: Motorist Crash Reporting Instructions | 38 |
| Appendix 2: Revision History and Document Control | 40 |

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, 2019), 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) 785-2736** 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) 558-7056**. More information and a listing of approved 3rd party vendors can be found at:
<http://www.idot.illinois.gov/transportation-system/local-transportation-partners/law-enforcement/crash-reporting>.

SR 1050 Crash Report Form Design

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

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

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

Additional Units: If more than two units are involved in a crash, the SR 1050A form set, commonly referred to as the ADDITIONAL UNITS form, should be used in conjunction with the SR 1050. The unique 10-character pre-printed primary **control number** (located under the upper bar code on the SR 1050) and the **INVESTIGATING AGENCY** field must be handwritten in the specified areas at the top of the SR 1050A. The unique 10-character **control number** allows IDOT to ensure that all records for each and every crash are compiled in IDOT's Crash Information System.

Amending Reports: The SR 1050A can also be used to amend completed reports that have already been forwarded to IDOT. Be sure to check the **AMENDED** box (near the top center) and write the unique 10-character pre-printed **control number** from the original crash report in the specified area. Provide the new or changed information in the appropriate field. It is not necessary to complete the entire report a second time when submitting only amended information.

Additional Information: All attachments must be copied and sent in with the matching unique 10-character **control number** from the upper right corner of the original SR 1050 traffic crash report.

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

ILLINOIS DEPARTMENT OF TRANSPORTATION
POLICE CRASH REPORT OFFICE
2300 S. DIRKSEN PARKWAY
ROOM 019
SPRINGFIELD, IL 62764-0001

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

Removal of Unused SR 1050s: Please remove all unused forms older than 2019 from circulation. The date is located on the lower left corner of the form, after "SR 1050." Please check all desk drawers, files, vehicles (trunks, too), lockers, etc., to ensure all unused forms older than 2019 are collected and destroyed.

Fatalities

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

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

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

General Information

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

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

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

Reporting Requirements

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

New in 2019

There are a number of changes for 2019. These changes reflect the need to better track and understand new traffic safety challenges including but not limited to secondary crash, speed related, and autonomous vehicles. 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 and updated collision types to identify how vehicles initially came together
- Secondary crash data to detect crashes resulting from an original incident
- Flow condition has been added at the crash level to identify efficient traffic movement or traffic congestion
- New autonomous vehicle fields to identify vehicle automation levels at the time of a crash
- Incident Responder fields have been added at the controller level to identify when a responder on scene is involved in a crash
- Distracted Driving tracked on a per vehicle basis
- Speeding related tracked on a per vehicle basis
- New disabled controller type for crashes caused by disabled vehicles on roadways
- Roadway clearance date and time have been added at the crash level
- EMS notification date and EMS arrival date and time have been added to the crash level
- Truck or bus driver's identification have been added at the person level to capture the validity of a CDL
- Alignment, number of lanes and speed limit have been added to each vehicle
- Blood Alcohol Concentration (BAC) fields have been increased to 3-digits
- Ejection path has been added to each person
- Citations as a result of the crash have been added to identify issued, or pending citations. Pending citations are only applicable to commercial motor vehicles
- Towed due to disabling damage or towed, not due to disabling damage have been added, vehicles marked as towed must choose one of these options on the back of the report and the extent of that damage

Step-by-Step Instructions

See Crash Report Form with Instruction Numbers and Coding Templates on pages 30-35.

- 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.
- 3 Enter the **name of your agency**. If your city and county have the same name, enter **City or County** after your agency name (*example: Champaign City*).
- 4 Since January 1, 2009, the legal reporting threshold for traffic crashes involving only property damage is **\$1,500 when all drivers are insured**. However, **if any driver does not have insurance, the threshold remains at \$500**. In both cases, the investigating enforcement agency must complete and submit a SR 1050 report to IDOT.

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

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

(As it appears on new form)

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

Note: If insurance is unknown, assume they are uninsured (HIT & RUN or PARKED).

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

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

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

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

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

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

DO . . .

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

DO NOT . . .

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

- 11** Enter the name of the city/town/village in which the crash occurred and check the box for **City**. Or, if the crash occurred outside incorporated limits, enter the name of the township or road district and check the box for **Township**.

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

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

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

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

Example: If five vehicles are lined up at a traffic signal and a rear-end collision occurs at the back of the line 75 feet from the intersection, it would be considered intersection related.

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

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

Check...

- Y: Only if the crash began on, ended on, and all damage occurred on private property.**
- N: If the crash began on a public roadway, it is not a private property crash.**

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

Note: Illinois law does not exempt private property crashes from the reporting requirements. When your agency investigates motor vehicle crashes on private property involving death, injury, and/or damage to one person's property over \$500 or \$1,500, depending on drivers' insurance, the law requires that a SR 1050 report be completed and a copy submitted to IDOT. Motorists involved in such crashes must complete and submit the original Illinois Motorist Report (SR 1) to IDOT. (See "Submitting Reports" on **page 2**.)

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

- 15 HIT & RUN** – Was this a hit and run crash?
- 16** Enter the **DATE OF CRASH (mo, day, and yr)**.
- 17** Enter the **TIME** (hour and minute) of the crash using civilian time, and mark the **AM** or **PM** box.
- 18 Dooring with Pedalcyclist** – this is a 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 SECONDARY CRASH** – Was this crash a result of a previous traffic incident?

- 21 **FLOW CONDITION** – Was there efficient traffic movement or congestion?
- 22 Enter the apparent at-fault unit as **UNIT 1** whenever possible. Mark the appropriate box to indicate the type of unit. (**Remember, an animal cannot be a unit.**)

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

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

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

If a vehicle is parked, any occupants of the vehicle should be listed in the passenger section. If a person is sitting in the driver's seat of a parked vehicle at the time of the crash, this person should be listed in the passenger section and should have a seat number of 1.

If a **train** is involved, list it as **DAMAGED PROPERTY** (see **#60, 61-62**).

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 **#60-62**). A towed unit is the unpowered, pulled portion of any multi-unit combination vehicle.

- 24 Enter the **DATE OF BIRTH (mo, day, and yr)**.
- 25 Enter the **STREET ADDRESS**.
- 26 Indicate the **SEX** by printing **M** for male or **F** for female.

- 27 Enter a code for **SAFETY EQUIPMENT USED (SAFT)** from Template 2.
- 28 Enter a code for **AIR BAG DEPLOYED (AIR)** from Template 2.
- 29 Enter the **CITY, STATE**, and **ZIP** code.
- 30 Enter the most severe **INJURY CLASSIFICATION (INJ)** code from Template 2 according to the descriptions below:
 - **K Fatal Injury**— A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned the attribute “Fatal Injury.”
 - **A Suspected Serious Injury** – A suspected serious injury is any injury other than fatal which results in one or more of the following:
 - Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
 - Broken or distorted extremity (arm or leg)
 - Crush injuries
 - Suspected skull, chest or abdominal injury other than bruises or minor lacerations
 - Significant burns (second and third degree burns over 10% or more of the body)
 - Unconsciousness when taken from the crash scene
 - Paralysis
 - **B Suspected Minor Injury** – A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle)
 - **C Possible Injury** – A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.
 - **0 No Apparent Injury** – No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.
- 31 Enter a code for **EJECTION OR EXTRICATION (EJCT)** from Template 2.
- 32 Enter a code for **EJECTION PATH (EPTH)**, if person was ejected, from Template 2.
- 33 Enter the area code and **TELEPHONE** number.
- 34 Enter the **DRIVER LICENSE NUMBER**. Enter NONE or N/A if appropriate.
- 35 Enter the **STATE** of driver's license issuance.

- 36 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).
- 37 Enter a code for **TRUCK OR BUS DRIVER'S IDENTIFICATION (CDLID)** from Template 2.
- 38 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.
- 39 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.
- 40 Enter a code for **PED/PEDAL VISIBILITY (PEDV)** from Template 2, if applicable.
- 41 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. Added variable 47. Crossing (not at intersection) – No controls. Added variable 48. Crossing (not at intersection) - Controls Present. Added variable 49. Crossing (at intersection) – No controls.
- 42 Enter a code from Template 1 for the **PED/PEDAL Location (PPL)** prior to the crash. Changed variable 6. Not in roadway to on roadside. Added variable 10. Bike Lane. Added variable 11. Shoulder.
- 43 **INCIDENT RESPONDER** – Was the vehicle involved responding to a separate incident prior to the traffic crash? (e.g., a tow truck driver attempting to load a disabled vehicle when the driver or the tow truck is involved in a traffic crash).
- 44 If Y (Yes) to above, enter a code for the type of **INCIDENT RESPONDER** – Template 2.
- 45 Enter the **MAKE** of vehicle (e.g., Ford, Chevrolet). Enter the vehicle **MODEL** (e.g., Mustang, Blazer). Enter the manufacturer's designated model **YEAR**.
- 46 **AUTOMATION SYSTEM** – Is the vehicle equipped with an automation system.
- 47 Enter a code for **AUTOMATION SYSTEM LEVEL IN VEHICLE** – Template 1.
- 48 Enter a code for **AUTOMATION LEVEL ENGAGED AT TIME OF CRASH** – Template 1.
- 49 Enter the license **PLATE NUMBER**. Enter the **STATE** issuing the license plate. Enter the **YEAR** that the registration expires.
- 50 Enter the 17-character **VIN** (Vehicle Identification Number).
- 51 Enter the name of the titled **VEHICLE OWNER**. If it is the same as the vehicle driver, enter SAME.

- 52** Enter the complete **OWNER ADDRESS**, if different from the driver. If it is the same as the vehicle driver, enter SAME.
- 53** Circle the **DAMAGED AREAS** on the diagram of the vehicle, or circle one of the 2-digit codes below:

00 **NONE**
13 **UNDER CARRIAGE**
14 **TOTAL (ALL AREAS)**
15 **OTHER**
99 **UNKNOWN**

In the box labeled **POINT OF FIRST CONTACT**, enter one of the numbers (**1–12, 16**) 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.

- 54** Mark the **Y** (Yes) or **N** (No) box for the items below:
- **TOWED** – Check Y if the vehicle was towed due to the crash.
If Y vehicle towed, fill out #108-110 on the reverse side of the report form
 - **FIRE** – Was there a fire involving this vehicle?
 - **DISTRACTED** – Was the driver distracted when this crash occurred?
If Y distracted one of the following values must be used:
 - 1 Cell Phone Handsfree
 - 2 Cell Phone Handheld
 - 3 Cell Phone – texting, email, etc.
 - 4 Other Electronic Device-navigation, radio, etc.
 - 5 Other – Inside Vehicle
 - 6 Other – Outside Vehicle
 - 7 Inattentive/Daydreaming
 - 9 Unknown
 - **COM VEH** (Commercial Vehicle) – If a commercial vehicle was involved, complete the COMMERCIAL MOTOR VEHICLE section on the reverse side of the report form.
- 55** 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.
- 56** Mark **Y** (Yes) or **N** (No) box for **EXPIRED**
- 57** Enter the **POLICY NUMBER** from the insurance card.
- 58** Enter the same information for the other traffic units following the instructions for **#22–57**. **If a train is involved, do not list the engineer as the driver of Unit 2.** See **#60** for entering train information.

- 59** 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 **#22-44**.
- 60** Enter the **DAMAGED PROPERTY OWNER NAME** (last, first, middle initial).
- If a **train** is involved, list it as **DAMAGED PROPERTY**. Indicate the **NAME OF THE RAILROAD COMPANY** (in **#60**), the **LOCOMOTIVE NUMBER** (in **#61**), and the **OWNER'S ADDRESS** (in **#62**). Damaged property contained within a vehicle should not be listed on the crash report.
- 61** Enter a description of **DAMAGED PROPERTY** other than vehicles.
- 62** Enter the **PROPERTY OWNER ADDRESS (STREET, CITY, STATE, ZIP)**.
- 63** 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.
- 64** Enter the **ARREST NAME** for the person who was arrested (last, first, middle initial).
- 65** Mark **CITATIONS ISSUED** or **PENDING**
- 66** Enter the violation **SECTION** number(s) from the Illinois Vehicle Code (IVC) / Illinois Compiled Statutes (ILCS). **List the most serious violation first.**
- 67** Enter the complete **CITATION NUMBER(S)**.
- 68** Enter the investigating **OFFICER ID** number.
- 69** Enter the investigating officer's **SIGNATURE**. Rank may be included.
- 70** Enter the investigating officer's **BEAT / DISTRICT**, zone, and/or precinct if applicable.

- 71 Enter the **SUPERVISOR ID** number and/or name of the sworn officer reviewing the completed report.
- 72 Enter the **mo/day/yr** and **time AM/PM** the police were notified of the crash (**DATE/TIME POLICE NOTIFIED**).
- 73 Enter the **mo/day/yr** and **time AM/PM** EMS was notified of the crash (**DATE/TIME EMS NOTIFIED**).
- 74 Enter the **mo/day/yr** and **time AM/PM** EMS arrived on the scene (**DATE/TIME EMS ARRIVAL**).
- 75 Enter the **mo/day/yr** and **time AM/PM** the roadway was cleared (**DATE/TIME ROAD CLEARANCE**).
- 76 Enter the **COURT DATE (mo/day/yr)** and **COURT TIME AM/PM** box.
- 77 Did the crash occur in a designated work zone?

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

WHERE DOES A WORK ZONE BEGIN AND END?

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

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

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

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

Examples:

- An automobile on the roadway loses control within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle in the work zone.
- A rear-end crash occurs before the warning sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle indicating a work zone, caused by vehicles slowing or stopped on the roadway due to work zone activity.
- Workers do not have to be present at the time of the crash for it to be considered a work zone crash.

- 78 If the crash occurred in a work zone, what type of zone was it?
- 79 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 22-24.**

Instructions **#80-82** 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**

- 80 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.

- 81 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)**.
- 82 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 **#80-82** for each unit listed on the crash report. Again, it is possible to list 1, 2, or 3 events/locations for each unit. If additional events occurred during the crash, be sure to include this information in the narrative.

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

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

A crash may involve an initial event, such as **1 - Ran off the roadway**, and an indication of what was struck, such as **29 - Traffic signal**. Or, if two units collide on the roadway, the only entry may be **11 - Motor vehicle in traffic**. When more than one event is entered, check boxes are provided to identify the single most severe event for each unit. For Type A crashes, this information may replace a Diagram and Narrative. However, **if event information is not provided, a Diagram and Narrative are required.**

➤ **Coding Boxes – See Crash Forms with Instruction Numbers & Coding Templates on **pages 30-35**.**

Fields **#83-104** 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).

- 83 Enter a code for the **APPARENT PHYSICAL CONDITION (DRAC)** of each driver prior to the crash from Template 2.
- 84 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. Changed variable 2. Stop Sign. Added variable 15. Flashing Control Signal. Added variable 16. Bicycle crossing sign. Added variable 17. Pedestrian crossing sign. Added variable 18. RR crossing sign. Removed #12 variable.

- 85 Enter a code for the **DEVICE CONDITION (TRFC)** at the time of the crash, from Template 1.
- 86 Enter a code for the **WEATHER CONDITION (WEAT)** at the time of the crash, from Template 1. Added variable 10. Freezing rain or freezing drizzle. Added variable 11. Blowing snow. Added variable 12. Blowing sand, soil, or dirt.
- 87 For each driver, enter a code for the **DRIVER ACTION (DRVA)** that contributed to the crash, from Template 2. Added variable 46. Overcorrected.
- 88 Enter a code for the object or condition that obscured **DRIVER VISION (VIS)** for each unit, from Template 2.
- 89 Enter a code for the contributing **VEHICLE DEFECTS (VEHD)** or apparent malfunction for each unit, from Template 2.
- 90 Enter the most appropriate code for the **LIGHTING CONDITION (LGHT)** at the time of the crash, from Template 1.
- 91 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 (#80).



SINGLE VEHICLE CRASH Types (Codes 1 – 8) – See [page 25](#) 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 – 18) – See [pages 26-27](#) 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.

- 92 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. Added variable 27. Disabled. Removed # 8, # 9, and #10 variables.
- 93 Enter a code from Template 2 for the **TRAFFICWAY DESCRIPTION (TRFW)**. Variables have changed and this field is now mandatory for both types of crashes.

TWO-WAY

- Not divided – parallel roads traveling in opposite direction with less than 4 foot wide gap and no physical barrier present (e.g. double yellow lines).
- Divided – w/median (not raised) – parallel roads separating travel in opposite direction by 4 foot or more gaps not protected by physical barrier (e.g. painted lane markings, grassy medians).
- Divided – w/median barrier – parallel roads separating travel in opposite direction by physical barrier (e.g. curbs, concrete barriers, cable barriers).
- Two-way continuous left-turn lane – parallel roads separating travel in opposite direction by a center turn lane.

OTHER

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

INTERSECTION

- Four-way
- T-Intersection
- Y-Intersection
- Traffic Circle
- Roundabout
- Five point, or more
- L-Intersection
- Not Reported
- Unknown Intersection Type

- 94 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 (**#98**).
- 95 Enter the **NUMBER OF LANES (NO. LANES)** for each vehicle involved in the crash, 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.

- 96 Enter a code from Template 2 for the **ALIGNMENT (ALGN)** of the roadway for each vehicle involved in the crash.
- 97 Enter a code from Template 2 for the **ROADWAY SURFACE CONDITION (RSUR)** at the time of the crash.
- 98 Enter a code from Template 1 for the intended or actual **VEHICLE USE (VEHU)** of each unit at the time of the crash.
- 99 Enter a code from Template 1 for the **SPEEDING RELATED (SPDR)** for each vehicle involved in the crash.
- 100 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. (# 77-79 shown on pages 13 and 14.)
- 101 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 three digits

.XXX



Examples: A BAC test result of .08 should be reported as **.080** – *not* 0.8 or .08 or 08 (without the decimal point). A BAC test result of .095 should be reported as **.095** – *not* .95 (impossible result) or 995 (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.

- 102 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.
- 103 Enter a code from Template 1 to indicate the **DIRECTION TRAVEL PRIOR (DIRP)** to the crash for each unit. Note that this is not a compass direction, but a direction consistent with the designated direction of the road. This can be used to determine MULTI-VEHICLE CRASH types for #91, 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.
- 104 Enter the **POSTED SPEED LIMIT** on the roadway for each unit.

The reverse side of the form must be completed for crashes involving death, injury, or one or more units being towed from the scene noting if disabling damage from the crash, not due to disabling damage from the crash and the extent of that damage.

If a commercial vehicle is involved in the crash, the Large Truck, Bus or HM Vehicle 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).

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

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

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

- 106** 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.

- 107** 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.
- 108** If marked **Yes** Towed Due to crash on front of report, was vehicle towed due to disabling damage or not due to disabling damage.
- 109** The extent of that damage
- 110** The company whom the vehicle was towed by and where the vehicle was towed

➤ **LARGE TRUCK, BUS OR HM VEHICLE – See [page 31](#) to view this section on the crash form.**

Fields **#111-127**, on the right side of the form (back), should be completed for crashes involving commercial motor vehicles.

A Large Truck, Bus or HM 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 or designated to transport between 9 and 15 passengers, including the driver, for direct compensation; or
- (e) 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 \[625 ILCS 5/1-130\]](#).

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

112 Mark the appropriate box indicating the **MOTOR CARRIER IDENTIFICATION**.

113 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.

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

115 Mark the appropriate box indicating 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.

116 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).

- 117** 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.
- 118** Enter the 7-digit oversize/overweight **IDOT PERMIT NO.**, if any.
- 119** Enter the 17-digit **VEHICLE IDENTIFICATION NUMBER (VIN)** for the trailer(s).
- 120** Mark the appropriate box to indicate if it was a **WIDE LOAD**.
- 121** Mark the appropriate box to indicate the **TRAILER WIDTH(S)**.
- 122** Enter the **TRAILER LENGTH(S)**, to the nearest foot.
- 123** Enter the **TOTAL VEHICLE LENGTH** including the power unit and trailer(s), to the nearest foot.
- 124** Enter the total **NUMBER OF AXLES (NO. OF AXLES)** on the vehicle. Include the power unit and trailer(s).
- 125** From the back cover of the crash booklet, enter the number corresponding to the **VEHICLE CONFIGURATION** best describing the vehicle.
- 126** From the back of cover of crash booklet, enter the number corresponding to the **CARGO BODY TYPE**, when applicable.
- 127** From the back cover of crash booklet, enter the number corresponding to the **LOAD TYPE**, when applicable.

Figure 9 – Parked Motor Vehicle

As Unit 1 backs out of a parking stall at a shopping mall, it strikes Unit 2, which is parked.

TYPE OF FIRST CRASH (COLL) = 9.

| | (ENVO) | (MOST) | (EVNT) | (LOC) |
|--------|--------|-------------------------------------|--------|-------|
| UNIT 1 | 1 | <input checked="" type="checkbox"/> | 18 | 5 |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |
| UNIT 2 | 1 | <input checked="" type="checkbox"/> | 11 | 5 |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |

Figure 9a – Parked Motor Vehicle

An unknown vehicle strikes Unit 2 and Unit 3, which are parallel parked along the right roadway.

TYPE OF FIRST CRASH (COLL) = 9.

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

Figure 11 – Rear End

Unit 1 is following Unit 2 in the same lane on an interstate. Unit 1 strikes Unit 2 from behind causing Unit 2 to strike a median wall.

TYPE OF FIRST CRASH (COLL) = 11.

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

Figure 14 – Head-on

Unit 1 and Unit 2 are traveling towards one another in opposite directions on a 2-lane roadway. Unit 1 loses control and crosses the centerline into the path of oncoming Unit 2. The front of Unit 1 strikes Unit 2 on the driver's door.

TYPE OF FIRST CRASH (COLL) = 14.

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

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

Figure 12 – Sideswipe Same Direction

Unit 1 begins to pass Unit 2 on the left while traveling in the same direction on a 2-lane highway. Due to oncoming traffic, Unit 1 attempts to re-enter his traffic lane prematurely, striking the left side of Unit 2 with its right side.

TYPE OF FIRST CRASH (COLL) = 12.

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

Figure 10 – Turning

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

TYPE OF FIRST CRASH (COLL) = 10.

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

Figure 13 – Sideswipe Opposite Direction

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

TYPE OF FIRST CRASH (COLL) = 13.

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

Figure 15 – Angle

Northbound Unit 2 proceeds through an intersection when the red light turns green. Eastbound Unit 1 fails to stop at the red light and strikes Unit 2 broadside. Unit 2 is pushed into a traffic signal.

TYPE OF FIRST CRASH (COLL) = 15.

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

Figure 16 – Rear to Side

Northbound Unit 2 going straight ahead. Unit 1 backing out of a driveway does not see Unit 2. Unit 1 backs into the side of Unit 2.
TYPE OF FIRST CRASH (COLL) = 16.

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

Figure 17- Rear to Rear

Unit 1 and Unit 2 both backing from parked positions in a parking lot, hit each other in the driving lane rear end to rear end.
TYPE OF FIRST CRASH (COLL) = 17.

| U | (ENVO) | (MOST) | (EVNT) | (LOC) |
|---------------|--------|-------------------------------------|-----------|----------|
| UNIT 1 | 1 | <input checked="" type="checkbox"/> | 11 | 5 |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |
| UNIT 2 | 1 | <input checked="" type="checkbox"/> | 11 | 5 |
| | 2 | <input type="checkbox"/> | | |
| | 3 | <input type="checkbox"/> | | |

Figure 18- Rear to Front

Unit 1, traveling northbound, comes to a stop at a stop light encroaching on the crosswalk. Unit 2 comes to a complete stop behind Unit 1. Unit 1 sees a pedestrian approaching and puts his vehicle in reverse to clear the crosswalk and hits the front end of Unit 2 with the back of his vehicle.
TYPE OF FIRST CRASH (COLL) = 18.

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

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 - 18. 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 Front to Rear crash** – a collision between motor vehicles where vehicles cause either front end and/or rear end damage to another vehicle.
- 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 Front to Front 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 only). 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.
- 16 Rear to Side crash** – A collision between two motor vehicles approaching a location, such as a driveway entrance, at an angle to each other where one vehicle is backing and the other vehicle is going straight ahead.
- 17 Rear to Rear crash** – A collision between two motor vehicles, both vehicles backing in opposite directions, and the damage is primarily to the rear of at least one of the involved vehicles.
- 18 Rear to Front crash** – A collision between two motor vehicles, both facing in the same direction, where one vehicle is backing and the other vehicle is moving straight ahead or stopped in traffic.

Example 1: Two motor vehicles are approaching the same intersection. Unit 1 encroaches on the crosswalk with a pedestrian starting to cross the road, Unit 2 is coming to a stop behind Unit 1. Unit 1 puts the vehicle in reverse to clear the crosswalk and backs into the front of Unit 2. This should be coded as **18- Rear to Front** crash, even though both vehicles are traveling in the same direction, this would not be an **11- Front to Rear** crash since Unit 1 backs into the front of Unit 2.

Example 2: Unit 1 is backing from a private driveway, Unit 2 is traveling straight ahead on the same residential street. Unit 1 backs into the side of Unit 2. This should be coded as **16-Rear to Side** crash. This would not be a **15- Angle** crash since it is not the intent of both vehicles to go straight forward, but Unit 1 is backing onto the roadway.

Example 3: Both units are backing from a parked position, in opposite directions, Unit 1 and Unit 2 back into each other both having damage to the rear portion of the vehicle. This should be coded as **17- Rear to Rear** 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 (9-18). The vehicles' intended direction of travel prior to the crash should be the first consideration when choosing a **COLL** type.

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

PRIVATE PROPERTY

Check Y (**#14**) only if the crash began on and all damage occurred on private property.

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

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



Illinois Department of Transportation

Office of Planning & Programming
2300 South Dirksen Parkway / Springfield, Illinois 62764

Order Form----

Month Day Year

FOR FAST SHIPPING AND DELIVERY OF YOUR ORDER: **CALL (217) 785-2736**

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

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

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

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

Agency _____

Chief/Sheriff _____

Attention _____

Address _____

City _____

Zip _____

Telephone _____

Fax _____

Email (optional) _____



Illinois Department of Transportation

Police Crash Report Office, 2300 S. Dirksen Parkway, Room 019, Springfield, IL 62764-0001

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)785-2736

ATTENTION

| SR 1050 KEY CHANGES Effective January 1, 2019 | |
|--|--|
| Collision Type (COLL) | |
| Rear End and Head on Collision types have been renamed. Three additional Collision types have been added: Rear to Side, Rear to Rear, and Rear to Front. | |
| Controller Type | Disabled Vehicle is being added as a controller type. |
| Towed | When a vehicle is towed, additional fields have been added to the back of the report to collect whether or not it was towed due to disabling damage and the extent of that damage. |
| Incident Responder | Incident Responder fields have been added. If an Incident Responder is involved in a crash, the type of Responder must be documented. |
| Ejection Path | Ejection Path has been added at the person level. |

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| Speeding Related | Speeding Related fields have been added for each unit. |
| Alignment | Alignment fields have been added for each unit. |
| Number of Lanes | The number of lanes has been added for each unit. |
| Flow Condition | Traffic Flow Condition has been added at the crash level. |
| Secondary Crash | Secondary Crash has been added at the crash level. |
| Citations as a Result of the Crash | Control boxes have been added for issued, not issued, pending and unknown to the citation field. |
| Trafficway Description (TRFW) | Intersection values have been added to the trafficway description. |
| Speed Limit | Speed limit has been added for each unit. |

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| Blood Alcohol Concentration (BAC) | ^{.235} |
| Autonomous Vehicles | Automated vehicle systems have been added to the crash document. If a crash occurs involving an autonomous vehicle, then the system level in the vehicle and the level engaged at the time of the crash must be documented. |

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

P0119



A standard barcode graphic with a vertical line of varying widths. A solid blue circle is positioned over the second vertical bar from the left, containing a white number '1'.

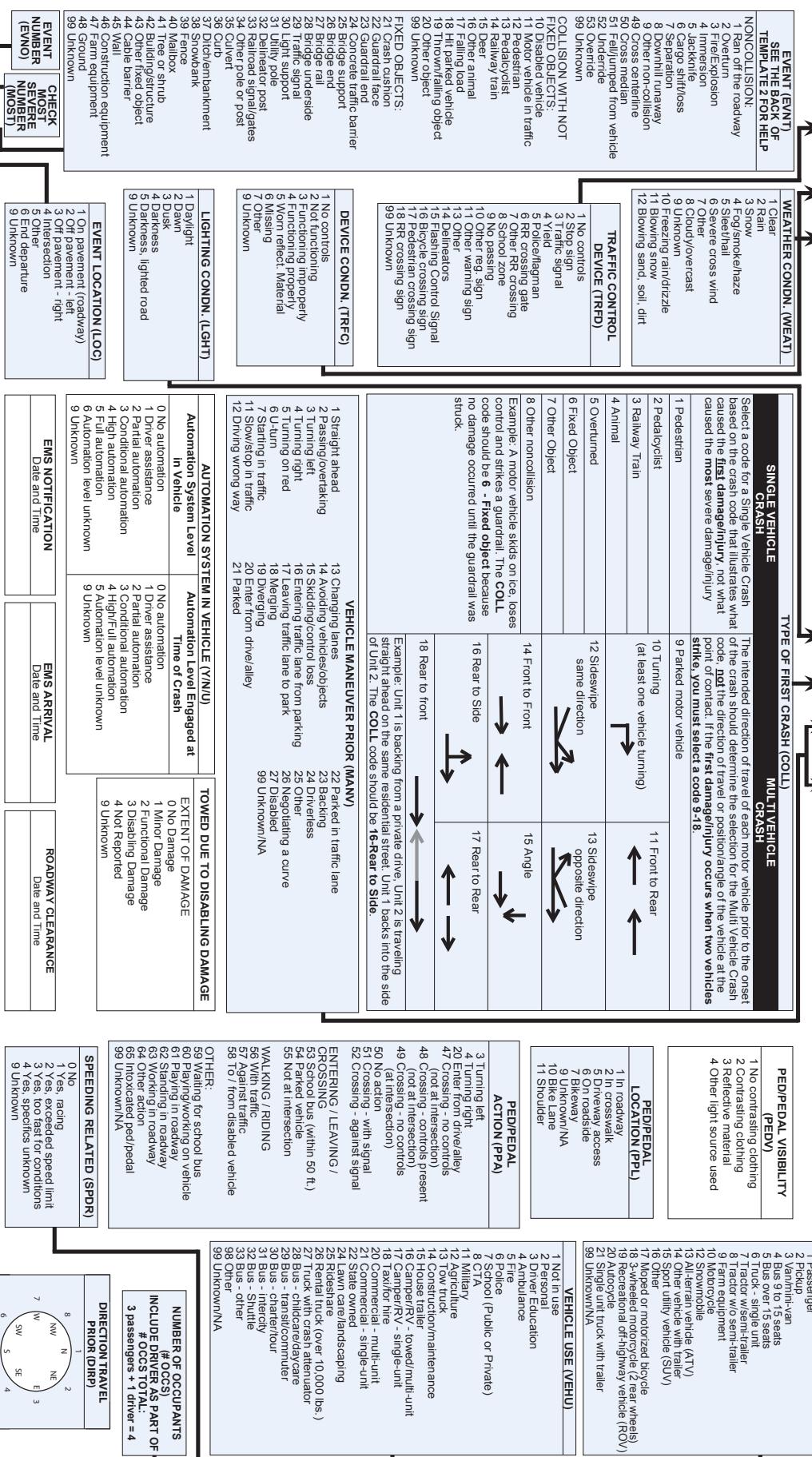
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| INVESTIGATING AGENCY | | | DAMAGE TO ANY ONE PERSON'S PROPERTY | | | TYPE OF REPORT | | | AGENCY CR. REPORT NO. | | |
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| ADDRESS NO. 8 | | | HIGHWAY OR STREET NAME 9 | | | CITY 11 TOWNSHIP 12 | | | CITY 17 | | |
| NAME: J. FIRST, M. | | | STREET ADDRESS 25 | | | INTERSECTION RELATED 13 | | | SECONDAR. 20 | | |
| CITY 29 STATE ZIP 34 | | | COUNTY 12 | | | DATE OF 16 | | | YES 94 | | |
| TELEPHONE 33 | | | DRIVER LICENSE NO. 38 | | | TIME 17 | | | FLOW CONDITION | | |
| EMS AGENCY 39 | | | HOSPITAL (TAKEN TO) | | | # OF MOTOR VEHICLE 19 | | | SLOW 21 | | |
| OWNER STREET, CITY, STATE, ZIP 51 | | | INSURANCE CO. 55 POLICY NUMBER 57 | | | STOPPED 21 | | | FREE FLOW | | |
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| HOSPITAL (TAKEN TO) | | | IF "Y" OWNER STREET, CITY, STATE, ZIP | | | | | | | | |
| PROPERTY OWNER NAME 60 | | | DAMAGED PROPERTY 61 | | | POLICE NO. 72 TIME : AM : PM | | | Did crash occur in a work zone? 77 | | |
| PROPERTY OWNER ADDRESS: CITY, STATE, ZIP 62 | | | PRIMARY CAUSE 63 SECONDARY CAUSE 64 | | | EMS NO. 73 TIME : AM : PM | | | If YES check one below: | | |
| ARREST NAME 82 | | | SECTION 65 CITATION NO. 67 | | | EMSR NUMBER 74 TIME : AM : PM | | | Construction | | |
| ARREST NAME 82 | | | SECTION 66 CITATION NO. 67 | | | ROAD CLEARANCE 75 TIME : AM : PM | | | Maintenance 78 | | |
| OFFICER ID 68 SIGNATURE 69 | | | BEAT / DIST. 70 SUPERVISOR 71 COURT DATE 76 | | | TIME : AM : PM | | | Utility | | |
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| | | | | | | | | | 102 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 101 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 100 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 103 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 102 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 101 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 100 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 103 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 102 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | 101 | | |
| | | | | | | | | | U2 | | |
| | | | | | | | | | | | |

* IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE

DIE CUT AREA



CONTRIBUTORY CAUSE CODES

| CODE | CAUSE TYPE | CODE | CAUSE TYPE |
|-------------|--|-------------|--|
| 02 | Failing to yield right-of-way | 23 | Disregarding stop sign |
| 03 | Following too closely | 24 | Disregarding other traffic signs |
| 04 | Improper overtaking/gassing | 25 | Disregarding traffic signals |
| 05 | Driving on wrong side/wrong way | 26 | Disregarding road markings |
| 06 | Improper turning/no signal | 28 | Failing to reduce speed to avoid crash |
| 21 | Turning right on red | 29 | Passing stopped school bus |
| 22 | Under the influence of alcohol/drugs (use when arrest is effected) | 30 | Improper backing |
| 23 | Equipment - vehicle condition | 32 | Evasive action due to animal, object, nonmotorist |
| 24 | Weather | 40 | Distraction - from outside vehicle |
| 25 | Road engineering/surface/marking defects | 41 | Distraction - from inside vehicle |
| 26 | Road construction/maintenance | 43 | Distraction - other electronic device (navigation device, DVD player, etc.) |
| 27 | Vision obscured (signs, tree limbs, buildings, etc.) | 44 | Texting |
| 28 | Driving skills/knowledge/experience | 45 | Cell phone use other than texting |
| 29 | Physical condition of driver | 50 | Operating vehicle in erratic, reckless, careless, negligent or aggressive manner |
| 30 | Unable to determine | 60 | Motorcycle advancing legally on red light |
| 31 | Had been drinking (use when arrest is not made) | 61 | Bicycle advancing legally on red light |
| 32 | Improper lane usage | 62 | Obstructed crosswalks |
| 33 | Animal | 63 | Related to bus stop |
| 34 | Disregarding yield sign | 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 portion 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 judgment.

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

Example

You determine that failing to reduce speed is the most significant cause of the crash and following too closely is the second most significant cause of the crash. Enter 28 in the "PRIMARY" field and 03 in the "SECONDARY" field.

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 2

DIE CUT AREA

| APPARENT PHYSICAL CONDITION (DRAAC) | | DRIVER ACTION (DRA) | | DRIVER VISION (VIS) | | VEHICLE DEFECTS (VHD) | |
|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------|--|
| 1 None | 12 License restriction | 1 None | 1 Not obstructed | 1 None | 1 None | 10 One-way | |
| 2 Failed to yield | 13 Reserved school bus | 2 Windshield (water/ice) | 2 Divided w/median (not raised) | 2 Divided w/median | 2 Divided w/median | 11 Ramp | |
| 3 Disregarded control devices | 3 Emergency vehicle on call | 3 Trees/plants | 3 Divided - median barrier | 3 Divided - median barrier | 3 Divided - median barrier | 12 Lane | |
| 4 Too fast for conditions | 4 Evading police vehicle | 4 Buildings | 4 Two-way continuous left turn lane | 4 Two-way continuous left turn lane | 4 Two-way continuous left turn lane | 13 Driveway | |
| 5 Improper turn | 5 Embankment | 5 Embankment | 5 Embankment | 5 Embankment | 5 Embankment | 14 Four-way intersection | |
| 6 Wrong way/slide | 6 Signboard | 6 Signboard | 6 Signboard | 6 Signboard | 6 Signboard | 15 Y-intersection | |
| 7 Followed too closely | 7 Exhaust | 7 Exhaust | 7 Exhaust | 7 Exhaust | 7 Exhaust | 16 X-intersection | |
| 8 Improper lane change | 8 Parked vehicles | 8 Parked vehicles | 8 Parked vehicles | 8 Parked vehicles | 8 Parked vehicles | 17 Traffic circle | |
| 9 Improper backing | 9 Moving vehicles | 9 Moving vehicles | 9 Moving vehicles | 9 Moving vehicles | 9 Moving vehicles | 18 Roundabout | |
| 10 Improper parking | 10 Windows | 10 Windows | 10 Windows | 10 Windows | 10 Windows | 19 Five-point, or more | |
| 11 Emotional | 11 Blinded - headlights | 11 Blinded - headlights | 11 Blinded - headlights | 11 Blinded - headlights | 11 Blinded - headlights | 20 1-intersection | |
| 12 Removed by EMS | 12 Drowsy materials | 12 Drowsy materials | 12 Drowsy materials | 12 Drowsy materials | 12 Drowsy materials | 21 Not Reported | |
| 13 Impaired-Alcohol And Drugs | 13 Other | 13 Other | 13 Other | 13 Other | 13 Other | 22 Unknown intersection type | |

| SEATING POSITION (SEAT) | | SAFETY EQUIPMENT USED (SAFT) | | TRUCK OR BUS DRIVER'S IDENTIFICATION (CDL) | | NUMBER OF LANES (NO. LANES) | |
|-------------------------|---------------------|---|---|--|---|---|---------------------------------|
| 1 | 1 | 1 | 1 | 0 No CDL | 1 Private Property: | 1 Secondary Crash: | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| 2 | 2 | 2 | 2 | 1 Cancelled or denied | 2 This is not private property. Check Yes only if the crash began on, ended on and all damage occurred on private property. | 2 Motor or vehicle crash within a traffic incident scene or within a traffic queue in either direction resulting from a prior traffic accident. | 2 TWO-WAY |
| 3 | 3 | 3 | 3 | 2 Disqualified | 3 Expired | 3 Count through lanes, both directions. If at intersection Use 'OP' (zero) for both. | 3 OTHER |
| 4 | 4 | 4 | 4 | 3 Revoked | 4 Revoked | 4 ALIGNMENT (ALGN) | 4 DIVERTED |
| 5 | 5 | 5 | 5 | 5 Suspended | 5 Suspended | 5 Straight and level | 5 INTERSECTION |
| 6 | 6 | 6 | 6 | 6 Commercial Learner's Permit | 7 Valid | 5 Curve, level | 5 ONE-WAY |
| 7 | 7 | 7 | 7 | | | 3 Straight on grade | 3 TWO-WAY |
| 8 | 8 | 8 | 8 | | | 3 Curve on grade | 3 OTHER |
| Exposed passengers | Exposed passengers | If the crash began on a public roadway, it is not a private property crash: check NO. | | | | 2 Straight on hillcrest | 2 ONE-WAY |
| Enclosed Passengers | Enclosed Passengers | | | | | 6 Curve on hillcrest | 6 OTHER |

| INJURY CLASSIFI (INJ) | | AIR BAG DEPLOYED (AIR) | | EJECTION OR EXTRICATION (EJECT) | | DISTRACTION (Y/N) | |
|----------------------------|---|------------------------|---|---|-----------------|-------------------|---------------------------------|
| K-Fatal Injury (Killed) | 17 DOT Compliant Motorcycle Helmet | 1 None | 1 Cell Phone Handheld | 1 None | 1 Not divided | 1 Not divided | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| A-Suspected Serious Injury | 18 Not DOT Compliant Motorcycle Helmet | 2 Partially ejected | 2 Cell Phone Handheld | 2 Partially ejected | 2 Wet | 2 Wet | 2 TWO-WAY |
| B-Suspected Minor Injury | 19 Bicycle Helmet (Pedacyclist involved only) | 3 Trapped/extricated | 3 Cell Phone -Texting, email, etc. | 3 Trapped/extricated | 3 Snow or slush | 3 Snow or slush | 3 OTHER |
| O-No Apparent Injury | | 9 Unknown | 4 Other Electronic Device (navigation, radio, etc.) | 4 Other Electronic Device (navigation, radio, etc.) | 4 Other | 4 Other | 4 DIVERTED |

| INCIDENT RESPONDER (Y/N) | | FLOW CONDITION (FLCN) | | ROADWAY SURFACE CONDITION (RSUR) | | ROADWAY DEFECTS (RDEF) | |
|--------------------------|--|-----------------------|----------------------|----------------------------------|----------------------|------------------------|---------------------------------|
| 1 EMS | 1 Not applicable | 1 Dry | 1 No Defects | 1 Debris on Roadway | 1 Debris on Roadway | 1 Debris on Roadway | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| 2 Fire | 2 Deployed, front | 2 Wet | 2 Shoulder Defect | 2 Shoulder Defect | 2 Shoulder Defect | 2 Shoulder Defect | 2 TWO-WAY |
| 3 Police | 3 Deployed, side | 3 Snow or slush | 3 Other | 3 Other | 3 Other | 3 Other | 3 OTHER |
| 4 Tow Operator | 4 Deployed, other (knee, air belt, etc.) | 3 Unknown | 4 Trapped/extricated | 4 Trapped/extricated | 4 Trapped/extricated | 4 Trapped/extricated | 4 DIVERTED |

DIE CUT AREA

| TRAFFICWAY DESCRIPTION (TRFW) | |
|-------------------------------------|------------------------------|
| 1 Not divided | 10 One-way |
| 2 Divided w/median (not raised) | 11 Ramp |
| 3 Divided - median barrier | 12 Lane |
| 4 Two-way continuous left turn lane | 13 Driveway |
| 5 Embankment | 14 Four-way intersection |
| 6 Signboard | 15 Y-intersection |
| 7 Exhaust | 16 X-intersection |
| 8 Other | 17 Traffic circle |
| 9 Unknown | 18 Roundabout |
| 10 Other | 19 Five-point, or more |
| 11 Ramp | 20 1-intersection |
| 12 Lane | 21 Not Reported |
| 13 Driveway | 22 Unknown intersection type |

| NUMBER OF LANES (NO. LANES) | |
|--|---------------------------------|
| 1 Secondary Crash: | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| Count through lanes, both directions. If at intersection Use 'OP' (zero) for both. | 2 TWO-WAY |
| | 3 OTHER |

| ALIGNMENT (ALGN) | |
|-------------------------|---------------------------------|
| 1 Straight and level | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| 2 Curve, level | 2 TWO-WAY |
| 3 Straight on grade | 3 OTHER |
| 4 Curve, level | 4 DIVERTED |
| 5 Curve on grade | 5 ONE-WAY |
| 6 Curve on grade | 6 OTHER |
| 7 Straight on hillcrest | 7 TWO-WAY |
| 8 Curve on hillcrest | 8 OTHER |

| ROADWAY SURFACE CONDITION (RSUR) | |
|----------------------------------|---------------------------------|
| 1 Dry | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| 2 Wet | 2 TWO-WAY |
| 3 Snow or slush | 3 OTHER |
| 4 Other | 4 DIVERTED |
| 5 Sand, mud, dirt | 5 ONE-WAY |
| 6 Other | 6 OTHER |
| 7 Worn surface | 7 TWO-WAY |
| 8 Worn surface | 8 OTHER |

| ROADWAY DEFECTS (RDEF) | |
|------------------------|---------------------------------|
| 1 No Defects | 1 TRAFFICWAY DESCRIPTION (TRFW) |
| 2 Shoulder Defect | 2 TWO-WAY |
| 3 Other | 3 OTHER |
| 4 Trapped/extricated | 4 DIVERTED |
| 5 Curve, level | 5 ONE-WAY |
| 6 Curve on grade | 6 OTHER |
| 7 Rut, holes | 7 TWO-WAY |
| 8 Worn surface | 8 OTHER |

| DRIVER BAC TEST RESULT (BAC) | |
|--|---|
| Enter BAC result or one of the following: 995 test refused 996 test not offered 997 test performed (results unknown) (i.e. reported BAC of .09 is now .09) | If drug test was given/test put in narrative. |

UNIT NO.
DATE OF BIRTH
mod/day/yr

PASSENGER & WITNESSES
Full Name, Address, Telephone

EMS RUN NUMBER
of AGENCY NAME

TAKEN TO (Hospital)

January 1, 2019

CRASH DATA SAVES LIVES!

DIE CUT AREA

| INJURY CLASSIFICATION (INU) | EJECTION OR EXTRICATION (EACT) |
|-----------------------------|--------------------------------|
| K-Fatal Injury (Killed) | 1 None |
| A-Suspected Serious Injury | 2 Totally ejected |
| B-Suspected Minor Injury | 3 Partially ejected |
| C-Possible Injury | 4 Trapped/extricated |
| D-No Apparent Injury | 9 Unknown |

| EJECTION PATH (EPTH) |
|-----------------------------|
| 0 Not applicable |
| 1 Through side door opening |
| 2 Through side window |
| 3 Through windshield |
| 4 Through back window |
| 5 Through back door/garage |
| 6 Through roof opening |
| 7 Through roof |
| 8 Other path |
| 9 Ejection path unknown |

DIE CUT AREA

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.

Sideswipe Same Direction

Unit 2, a disabled vehicle, is sitting on the side of the interstate when Unit 1, sideswipes Unit 2. The Maneuver (MANV) for Unit 2 would be 27. The EVENT (EVNT) for Unit 1 would be 10 with Location (LOC) of 1.

Overturnded

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

| (EVNO) | (MOST) | (EVNT) | (LOC) |
|--------|-------------------------------------|--------|-------|
| 1 | <input checked="" type="checkbox"/> | 18 | 5 |
| 2 | <input type="checkbox"/> | | |
| 3 | <input type="checkbox"/> | | |

| (EVNO) | (MOST) | (EVNT) | (LOC) |
|--------|-------------------------------------|--------|-------|
| 1 | <input checked="" type="checkbox"/> | 10 | 1 |
| 2 | <input type="checkbox"/> | | |
| 3 | <input type="checkbox"/> | | |

| (EVNO) | (MOST) | (EVNT) | (LOC) |
|--------|-------------------------------------|--------|-------|
| 1 | <input type="checkbox"/> | 01 | 2 |
| 2 | <input checked="" type="checkbox"/> | 02 | 2 |
| 3 | <input type="checkbox"/> | 41 | 2 |

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 form, enter the corresponding event number code to the right of the **1** (skipping over **MOST** check box). If a second event occurred, select another event from the template and enter the number code to the right of the **2** next to **UNIT 1**. Place a third event number code to the right of the **3** next to **UNIT 1** if appropriate.

Once the event number code has been entered, use the **EVENT LOCATION (LOC)** box on **Template 1** to select a location for each event coded. Place the location number code to the right of each corresponding event code under the column heading **(LOC)**. Under the column heading **(MOST)**, a check box appears to the right of each location. Determine which event appears to be the most severe and mark that corresponding box only. Only one box per unit should be marked.

A crash may involve an initial event, such as **1 - Ran off roadway**, and an indication of what was struck, such as **29 - Traffic signal**. Or, if two units collide on the roadway, the only entry may be **11 - Motor vehicle in traffic**. When more than one event is entered, check boxes are provided to identify the single most severe event for each unit. For a **Type A** crash, this information may replace a diagram and narrative. However, if event information is not provided, a diagram and narrative are required.

ATTENTION: THE LARGE TRUCK, BUS OR HM VEHICLE TEMPLATE HAS BEEN MOVED TO THE BACK OF THIS SR1050 BOOKLET.

AIR BAG DEPLOYED (AIR)

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

Large Truck, Bus or HM Vehicle

What is a Large Truck, Bus or HM Vehicle?

A Large Truck, Bus or HM Vehicle is defined as any motor vehicle used to transport passengers or property and:

- Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
- Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
- 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

Complete all areas within Large Truck, Bus or HM Vehicle.

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

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

If more than one **Large Truck, Bus or HM Vehicle** is involved, use the Additional Unit/Amended Report.

CDL Identification

Trailer VIN

Motor Carrier Identification

| | | | |
|---|--|--|--|
| Illinois Traffic Crash Report SR-1050 2019 Construction Manual for Law Enforcement Agencies | | | |
| A Large Truck, Bus or HM Vehicle is defined as any motor vehicle used to transport passengers or property and: | | | |
| Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or | | | |
| Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or | | | |
| 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 | | | |
| 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 | | | |
| Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle). | | | |

| FLATBED LOAD TYPE | 1. Farm Equipment 2. Construction Equipment 3. Building Materials 4. Steel Coils 5. Other 9. Unknown |
|---|---|
| 01 Bus (9-15 Seats, Including Driver) | 06 Dump |
| 02 Bus (16 or More Seats, Including Driver) | 07 Concrete Mixer |
| 03 Van/Enclosed Box | 08 Auto Transporter |
| 04 Cargo Tank | 09 Garbage/Refuse |
| 05 Flat Bed | 10 Grain, Chips, Gravel |
| | 11 Pole |
| | 12 Vehicle Towing Motor Vehicle |
| | 13 Intermodal Chassis |
| | 98 No Cargo Body |

If you have any questions regarding a **LARGE TRUCK, BUS OR HM VEHICLE CRASH** please call IDOT Bureau of Investigations and Compliance at (217)785-1181.

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). ([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), within 10 days of the police investigation. For agencies submitting electronically, you will need to provide the following link to the motorist to be filed within 10 days of the police investigation: <https://motoristreport.illinois.gov/>

| | | | | |
|---|--|---|---|--|
| COMPLETE BOTH SIDES OF THIS FORM | | Use black ink | Mail This Report to Illinois Department of Transportation Statewide Motor Vehicle Safety Bureau Springfield, Illinois 62701-0001 | |
| ILLINOIS MOTORIST REPORT | | | | |
| INVESTIGATING AGENCY | | DAMAGE TO ANY <input type="checkbox"/> \$999 OR LESS <input type="checkbox"/> ON SCENE (SEE REPORT) <input type="checkbox"/> OVER \$999 | TYPE OF REPORT <input type="checkbox"/> AMERICAN <input type="checkbox"/> INJURY AND/OR DEATH <input type="checkbox"/> INJURY AND/OR DEATH TO CASH | |
| ADDRESS, CITY, STATE <input type="checkbox"/> PT / MI / NE / SW AT AN INTERSECTION WITH | | VEHICLE / PROPERTY <input type="checkbox"/> PERSON <input type="checkbox"/> OTHER NAME OF INTERSECTION OR ROAD NAME | TOWNSHIP <input type="checkbox"/> CITY COUNTY | ADMISSION <input type="checkbox"/> DEFENSIVE <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY <input type="checkbox"/> HE & RUM <input type="checkbox"/> OTHER |
| DRIVE <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> STRAIGHT STREET ADDRESS | | DATE OF BIRTH <input type="checkbox"/> 1900 <input type="checkbox"/> 1910 <input type="checkbox"/> 1920 <input type="checkbox"/> 1930 <input type="checkbox"/> 1940 <input type="checkbox"/> 1950 <input type="checkbox"/> 1960 <input type="checkbox"/> 1970 <input type="checkbox"/> 1980 <input type="checkbox"/> 1990 <input type="checkbox"/> 2000 <input type="checkbox"/> 2010 <input type="checkbox"/> 2020 <input type="checkbox"/> 2030 <input type="checkbox"/> 2040 <input type="checkbox"/> 2050 <input type="checkbox"/> 2060 <input type="checkbox"/> 2070 <input type="checkbox"/> 2080 <input type="checkbox"/> 2090 <input type="checkbox"/> 2100 <input type="checkbox"/> 2110 <input type="checkbox"/> 2120 <input type="checkbox"/> 2130 <input type="checkbox"/> 2140 <input type="checkbox"/> 2150 <input type="checkbox"/> 2160 <input type="checkbox"/> 2170 <input type="checkbox"/> 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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
2300 S. Dirksen Parkway, Room 026
Springfield, Illinois 62764-0001**

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) 785-2736 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.

If you have questions or comments regarding crash reporting, please call (217) 785-2736 or email IDOT at DOT.CRASHFORMS@illinois.gov.

Appendix 2: Revision History and Document Control

Last updated 06/26/2018

The SR 1050 Instruction Manual for Law Enforcement Agencies is posted on IDOT's website: <http://www.idot.illinois.gov/home/resources/Manuals/Manuals-and-Guides>. Paper copies are available in the Bureau of Data Collection'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 for the Office of Planning & Programming. 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 included additional work zone and cell phone fields | John Webber |
| 2013 | Updated the definition of a work zone. Added hyperlinks and updated web addresses. | Ken Martin |
| 2019 | Reformatted the entire manual. Updated SR1050 to include autonomous vehicles, secondary crash and flow conditions. Made extensive revisions, including deletions and additions of codes for existing data fields. | Erin Aleman |

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