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

**COMMERCIAL MOTOR VEHICLE (CMV)**

If more than one CMV is involved, use SR 1050A Additional Units Forms.

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

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

**Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle’s own tank)?**

- [ ] Y
- [ ] N
- [ ] UNK

**Did HAZMAT Regulations violation contribute to the crash?**

- [ ] Y
- [ ] N
- [ ] UNK

**Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?**

- [ ] Y
- [ ] N
- [ ] UNK

**Was a Driver/Vehicle Examination Report form completed?**

- [ ] HAZMAT
- [ ] MCS
- [ ] Y
- [ ] N
- [ ] UNK
- [ ] Out of Service?

**Form No.**

**IDOT PERMIT NO.**

**WIDE LOAD?**

- [ ] Y
- [ ] N

**TRAILER WIDTH(S):**

- 0-96”
- 97-102”
- >102”

**TRAILER LENGTH(S):**

1 ft

**TOTAL VEHICLE LENGTH**

ft

**NO. OF AXLES**

**SELECT CODES FROM BACK COVER OF CRASH BOOKLET:**

**VEHICLE CONFIGURATION**

**CARGO BODY TYPE**

**LOAD TYPE**

---

**Narrative (Refer to vehicle by Unit No.)**

**CARRIER NAME**

**ADDRESS**

**CITY/STATE/ZIP**

**USDOT NO.**

**ILCC NO.**

**Source of above info.**

- [ ] Side of Truck
- [ ] Papers
- [ ] Driver
- [ ] Log Book

**Gross Vehicle Weight Rating (GVWR)**

**Were HAZMAT placards displayed on the vehicle?**

- [ ] Y
- [ ] N
- [ ] UNK

**If yes, name on placard**

**4-digit UN no.**

**1-digit Hazard Class no.**

**Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle’s own tank)?**

- [ ] Y
- [ ] N
- [ ] UNK

**Did HAZMAT Regulations violation contribute to the crash?**

- [ ] Y
- [ ] N
- [ ] UNK

**Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?**

- [ ] Y
- [ ] N
- [ ] UNK

**Was a Driver/Vehicle Examination Report form completed?**

- [ ] HAZMAT
- [ ] MCS
- [ ] Y
- [ ] N
- [ ] UNK
- [ ] Out of Service?

**Form No.**

**Source of above info.**

- [ ] Side of Truck
- [ ] Papers
- [ ] Driver
- [ ] Log Book

**Gross Vehicle Weight Rating (GVWR)**

**Were HAZMAT placards displayed on the vehicle?**

- [ ] Y
- [ ] N
- [ ] UNK

**If yes, name on placard**

**4-digit UN no.**

**1-digit Hazard Class no.**

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**PROOF**

**REGULAR BACKER PART 1**

**8510043949**
Complete both sides of this form. Use black ink.

**ILLINOIS MOTORIST REPORT**

**INVESTIGATING AGENCY**

Damage to any one person's vehicle / property:
- $500 or less
- $501 - $1,500
- Over $1,500

Type of report:
- On scene
- Not on scene (desk report)
- Amended

A) No Injury / Drive Away
B) Injury and / or Tow Due To Crash

**AGENCY CRASH REPORT NO.**

**DATE OF CRASH**

City: Township:

Insurance Co.:

Policy Period:

**NAME OF POLICY HOLDER**

**SIGNATURE OF PERSON MAKING REPORT**

**COMPLETE BOTH SIDES OF THIS FORM**

---

**List Dates of Injuries**

- Name:
- Address:
- Date:

**Describe Injuries**

- Name:
- Address:
- Date:

**Describe Damage to Property Other Than Motor Vehicles**

- Approximate cost to repair:
- Property owner's name:
- Property owner's address:

**PROOF**

Mail this report to Illinois Department of Transportation

Crash Records Section

1540 North 5th Street

Springfield, Illinois 62766-0002

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

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

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

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

YOUR INSURANCE

Policy Number:

Policy Period:

From: To:

Mail this report to Illinois Department of Transportation

Crash Records Section

1340 North 9th Street

Springfield, Illinois 62766-0002
DIAGRAM WHAT HAPPENED
INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.
3. Use solid line to show path before crash:
4. Use dotted line to show path after crash:
5. Show pedestrian by:
6. Show railroad by:
7. Show motorcycle by:

DIAGRAM

INDICATE NORTH
BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

LEGAL REQUIREMENTS

As the driver of a motor vehicle involved in a traffic crash causing death, injury, or damage to any one person’s vehicle or property exceeding $1,500, you must complete and submit this report.

However, if you or any other driver in the same crash does not have insurance, you must complete and submit this report if damage to any one person’s vehicle or property is over $500.

In either case, your report must be completed and submitted within 10 days after the crash.

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

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. PRINT ALL NAMES AND ADDRESSES.

2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."

3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor’s statement of injuries or a repair estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.

4. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.

5. SIGN THE REPORT in the space at the bottom of the front side of this report form.

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

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A $500 FINE AND A 30-DAY JAIL SENTENCE.

The Safety Responsibility Law

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

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

When any person sustains property damage in excess of $1,500 (or, $500 if any driver is not insured) or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of the potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective.

If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable probability of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.

(None of the above affects any person’s right to sue to recover damages.)

(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

THIS SPACE FOR FLEET OPERATORS ONLY

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

USDOT number

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

☐ YES ☐ NO