

# ILLINOIS MOTORIST REPORT

Mail This Report to  
Illinois Department of Transportation  
Accident Records Section  
3215 Executive Park Drive  
Springfield, Illinois 62766-0001

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

INVESTIGATED BY	TYPE OF REPORT <input type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SUPPLEMENTARY	AGENCY CRASH REPORT NO.
ADDRESS NO. (OPTIONAL)	POLICE	CITY/TOWNSHIP (CIRCLE)
HIGHWAY or STREET NAME	INTERSECTION	DATE OF CRASH
(CIRCLE) FT / MI N E S W	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME / / AM PM
AT INTERSECTION WITH	HIT & RUN	LARS CODE
(NAME OF INTERSECTION OR ROAD FEATURE)	MODEL	LARS CODE
NAME (LAST, FIRST, M.I.)	MAKE	FRONT 1 2 3 4
DRIVER	PLATE NO.	REAR 5 6 7 8
STATE	STATE	NO. MOTOR VEHICLES INVLD
ZIP	VIN	TOWED Y N
DRIVER LICENSE NO.	VEHICLE OWNER (LAST, FIRST M.I.)	DUE TO DAMAGE
STATE	OWNER ADDRESS (street, city, state, zip)	OTHER
CLASS	OWNER ADDRESS (street, city, state, zip)	FIRE
EMSAgency	EMSAgency	HAZ. MAT.
EMSAgency	EMSAgency	COM. VEH.

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT 1 2 3 4	REAR 5 6 7 8	TOWED Y N
SEX	SAFT	PLATE NO.	STATE	YEAR	00 - NONE	10 - UNDER CARRIAGE	11 - TOTAL (ALL AREAS)	DUE TO DAMAGE
INJURY	EJECT	VIN	VIN	VIN	12 - OTHER	99 - UNKNOWN	POINT OF FIRST CONTACT	OTHER
STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	VEHICLE OWNER (LAST, FIRST M.I.)	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.	INSURANCE CO.	INSURANCE CO.	FIRE
EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	HAZ. MAT.
EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	EMSAgency	COM. VEH.

Was driver (owner) of other vehicle insured? YES  NO  NOT KNOWN

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square.

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES  NO  APPROXIMATE COST TO REPAIR YOUR VEHICLE \$

LIST PERSONS KILLED OR INJURED

NAME	UNIT	AGE	SEX	ADDRESS

DESCRIBE INJURIES

NAME ADDRESS

DESCRIBE INJURIES

NAME ADDRESS

DESCRIBE INJURIES

NAME ADDRESS

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES

APPROXIMATE COST TO REPAIR \$

PROPERTY OWNER'S NAME

PROPERTY OWNER'S ADDRESS

YOUR INSURANCE

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.

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.

Name and address of representative who sold policy

Policy Number

Policy Period

Name of Policy Holder

From: To:



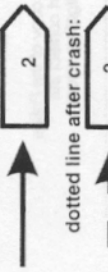
Mail This Report to  
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### DIAGRAM WHAT HAPPENED INSTRUCTIONS

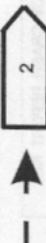
1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.



3. Use solid line to show path before crash:



dotted line after crash:



4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

### DIAGRAM

### LEGAL REQUIREMENTS

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$500 must complete this report within 10 days after the crash.

If the driver is physically incapable of completing the 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 garage 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.

### NARRATIVE (Refer to vehicle by Unit No.)

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

### The Safety Responsibility Law

For general information only  
(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 \$500 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 those 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 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility 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 the uninsured motorist fails to comply with 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 operated in compliance with the Federal "Motor Carrier's Act," show the Interstate Commerce Commission docket number.

Is a Form SR-23 on file with the Department of Transportation covering your vehicle?

YES  NO

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

YES  NO