COMPLETE BOTH SIDES OF THIS FORM

Use black ink

ILLINOIS MOTORIST REPORT

Mail this report to:
Illinois Department of Transportation
Crash Records Section
2300 South Dirksen Parkway, Room 026
Springfield, Illinois 62764-0001

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

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. YR

ADDRESS NO. (OPTIONAL) | HIGHWAY or STREET NAME | ☐ City Township ☐ | INTERSECTION RELATED ☐Y ☐N | DATE OF CRASH mo / day / yr | TIME : ☐AM ☐PM | LARS CODE

☐ (CIRCLE) ------FT / MI (CIRCLE) N E S W ☐ AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE) | COUNTY | PRIVATE PROPERTY ☐Y ☐N | HIT & RUN ☐Y ☐N | DOORING WITH PEDALCYCLIST? ☐Y ☐N | NUMBER MOTOR VEHICLES INVLD | LARS CODE

UNIT 1

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV (LAST, FIRST, MI) | DATE OF BIRTH mo / day / yr | MAKE | MODEL | YEAR

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

CITY | STATE | ZIP | INJURY | EJECT | VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT ☐

FRONT 1 2 3 4 5 6 7 8 9 REAR

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

* IF YES SEE SIDEBAR

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

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

UNIT 2

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV (LAST, FIRST, MI) | DATE OF BIRTH mo / day / yr | MAKE | MODEL | YEAR

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

CITY | STATE | ZIP | INJURY | EJECT | VIN

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT ☐

FRONT 1 2 3 4 5 6 7 8 9 REAR

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

* IF YES SEE SIDEBAR

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

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

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	UNIT	AGE	SEX	
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES | APPROXIMATE COST TO REPAIR $ | PROPERTY OWNER'S NAME | PROPERTY OWNER'S ADDRESS

SIGN HERE | ADDRESS | DATE

Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

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 representatives who sold policy.

Policy Number

Policy Period From: To:

Name of Policy Holder

M0113

SR 1B JANUARY 2013 (REPRINT 01/18)

INDICATE NORTH BY ARROW

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:

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

THIS REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

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

DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

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 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.

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 $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 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 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