

COMPLETE BOTH SIDES OF THIS FORM Use black ink 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: ON-SCENE, NOT ON-SCENE, SUPPLEMENTARY

ADDRESS NO. (OPTIONAL): HIGHWAY or STREET NAME: POLICE: A No Injury/Drive Away, B Injury and/or Tow Due to Crash

CITY/TOWNSHIP: COUNTY: AGENCY CRASH REPORT NO. INTERSECTION RELATED: PRIVATE PROPERTY, HIT & RUN

DATE OF CRASH: TIME: LARS CODE: NO. MOTOR VEHICLES INVLD

ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500: CIRCLE NUMBER(S) FOR DAMAGED AREAS: TOWED DUE TO DAMAGE, FIRE, HAZ MAT, COM VEH.

NAME (LAST, FIRST, M.I.): DRIVER: PED: EQUUS: NAW: NCV: DATE OF BIRTH: SEX: SAFT: AIR: MAKE: MODEL: YEAR: PLATE NO. STATE: VIN

STREET ADDRESS: STATE: ZIP: INJURY: EJECT: CLASS: VEHICLE OWNER (LAST, FIRST M.I.): OWNER ADDRESS (street, city, state, zip): INSURANCE CO. POLICY NO.

CITY: STATE: ZIP: INJURY: EJECT: CLASS: VIN: MAKE: MODEL: YEAR: PLATE NO. STATE: VIN

TELEPHONE: DRIVER LICENSE NO.: STATE: CLASS: VEHICLE OWNER (LAST, FIRST M.I.): OWNER ADDRESS (street, city, state, zip): INSURANCE CO. POLICY NO.

TAKEN TO: EMS AGENCY: OWNER ADDRESS (street, city, state, zip): INSURANCE CO. POLICY NO.

NAME (LAST, FIRST, M.I.): DRIVER: PED: PEDAL: EQUUS: NAW: DATE OF BIRTH: SEX: SAFT: AIR: MAKE: MODEL: YEAR: PLATE NO. STATE: VIN

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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: 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: ADDRESS: DESCRIBE INJURIES: DESCRIBE INJURIES: DESCRIBE INJURIES: DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES: APPROXIMATE COST TO REPAIR: PROPERTY OWNER'S NAME: PROPERTY OWNER'S ADDRESS: DATE: Name of Policy Holder

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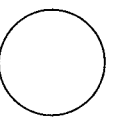
Signature of person making report

COMPLETE BOTH SIDES OF THIS FORM

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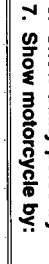

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INDICATE NORTH BY ARROW

DIAGRAM WHAT HAPPENED INSTRUCTIONS

- Follow dotted lines to draw outline of roadway at place of crash.
- Number each vehicle and show direction of travel by arrow.
- Use solid line to show path before crash:

- Show railroad by:

- Show utility poles by:

- Show motorcycle by:

- Show pedestrian by:


DIAGRAM

A large dotted grid area for drawing the accident diagram.

NARRATIVE (Refer to vehicle by Unit No.)

Vertical lines for writing the narrative report.

PRINT OR TYPE ALL INFORMATION ON THIS FORM.

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

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:**
- PRINT ALL NAMES AND ADDRESSES.**
 - Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
 - 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.
 - 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.
 - 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 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:

- Deposit security;
- 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;
- 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