

ILLINOIS TRAFFIC CRASH REPORT

TEMPLATE 2

DIE CUT AREA

APPARENT PHYSICAL CONDITION (DRAC)

- 1 Normal
- 2 Impaired - alcohol
- 3 Impaired - drugs
- 4 Illness
- 5 Asleep/fainted
- 6 Medicated
- 7 Had been drinking
- 8 Fatigued
- 9 Other/unknown

PED / BIKE VISIBILITY (PEDV)

- 1 No contrasting clothing
- 2 Contrasting clothing
- 3 Reflective material
- 4 Other light source used

DRIVER VISION (VIS)

- 1 Not obscured
- 2 Windshield (water/ice)
- 3 Trees, plants
- 4 Buildings
- 5 Embankment
- 6 Signboard
- 7 Hillcrest
- 8 Parked vehicles
- 9 Moving vehicles
- 10 Blinded - headlights
- 11 Blinded - sunlight
- 12 Blowing materials
- 13 Other
- 99 Unknown

VEHICLE DEFECTS (VEHD)

- 1 None
- 2 Brakes
- 3 Steering
- 4 Engine/motor
- 5 Suspension
- 6 Tires
- 7 Exhaust
- 8 Lights
- 9 Signals
- 10 Windows
- 11 Restraint system
- 12 Wheels
- 13 Trailer coupling
- 14 Cargo
- 15 Fuel system
- 16 Other
- 99 Unknown

DIE CUT AREA

Intersection Related: Was this an intersection related crash? A crash does not have to actually occur at an intersection to be considered intersection related. For example; if 5 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 is intersection related.

Private Property: This is not the area to indicate that there was private property damage. Check **Yes only if the crash began on, ended on and all damage occurred on** private property.

If the crash began on a public roadway, it is not a private property crash; check **No**.

EJECTION OR EXTRICATION (EJCT)

1 None	3 Partially ejected	9 Unknown
2 Totally ejected	4 Trapped/extricated	

TRAFFICWAY DESCRIPTION (TRFW)

TWO-WAY		OTHER	
1 Not divided	5 One-way or ramp	6 Alley or driveway	7 Parking lot
2 Divided, no median barrier	7 Parking lot	8 Other	9 Unknown
3 Divided w/median barrier	8 Other		
4 Center turn lane	9 Unknown		

NUMBER OF LANES (NO. LANES)

Count through lanes, both directions. If at intersection, use "0" (zero).

ALIGNMENT (ALGN)

1 Straight and level	4 Curve, level
2 Straight on grade	5 Curve on grade
3 Straight on hillcrest	6 Curve on hillcrest

ROADWAY SURFACE CONDITION (RSUR)

1 Dry	4 Ice
2 Wet	5 Sand, mud, dirt
3 Snow or slush	6 Other
	9 Unknown

ROAD DEFECTS (RDEF)

1 No defects	6 Shoulders
2 Construction zone	7 Rut, holes
3 Maintenance zone	8 Worn surface
4 Utility work zone	9 Debris on roadway
5 Work zone - unk.	10 Other
	99 Unknown

DRIVER BAC TEST RESULT (BAC) Enter BAC result or one of the following: 95 Test refused 96 Test not offered 97 Test performed results unknown	If drug test was given put in the narrative
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SEATING POSITION (SEAT)

1	2	3
4	5	6
10	11	12
7 Enclosed passengers		
8 Exposed passengers		

SAFETY EQUIPMENT USED (SAFT)

- 1 None present
- 2 Safety belt used
- 3 Safety belt not used
- 4 Helmet used
- 5 Helmet not used
- 6 Child restraint used
- 7 Child restraint used improperly
- 8 Child restraint not used
- 9 Usage Unknown

AIR BAG DEPLOYED (AIR)

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

DRIVER ACTION (DRVA)

- 1 None
- 2 Failed to yield
- 3 Disregarded control devices
- 4 Too fast for conditions
- 5 Improper turn
- 6 Wrong way/side
- 7 Followed too closely
- 8 Improper lane change
- 9 Improper backing
- 10 Improper passing
- 11 Improper parking
- 12 License restrictions
- 13 Stopped school bus
- 14 Emergency vehicle on call
- 15 Evading police vehicle
- 16 Other
- 99 Unknown

INJURY CLASSIF. (INJ)

K Fatal
A Incapacitating injury
B Nonincapacitating injury
C Reported, not evident
0 No indication of injury

UNIT NO.
DATE OF BIRTH
mo/day/yr

PASSENGERS & WITNESSES
Full Name, Address, Telephone

TAKEN TO (hospital)
EMS RUN NUMBER or AGENCY NAME

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SR 1000B 1M (PRINTED 4/07)

2A insert 2B insert 2ADie Proof #1 09-30-2008

CRASH DATA SAVES LIVES!

DIE CUT AREA

SEQUENCE AND LOCATION OF EACH EVENT

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- K Fatal
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For each unit, enter up to 3 EVENT codes to indicate what was struck.

If a NONCOLLISION event occurs, select from EVENTS numbered 1-9.

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.

	(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"/>		

Fixed Object

Unit 1 runs off the right side of the roadway, strikes a bridge support, and overturns. The TYPE OF FIRST CRASH (COLL)=6.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input type="checkbox"/>	1	3
	2	<input checked="" type="checkbox"/>	25	3
	3	<input type="checkbox"/>	2	3
UNIT 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

Overturned

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.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1	1	<input type="checkbox"/>	1	2
	2	<input checked="" type="checkbox"/>	2	2
	3	<input type="checkbox"/>	41	2
UNIT 2	1	<input type="checkbox"/>		
	2	<input type="checkbox"/>		
	3	<input type="checkbox"/>		

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 CMV TEMPLATE HAS BEEN MOVED TO THE BACK OF THIS SR1050 BOOKLET.