

DRIVER'S CRASH STATEMENT

CHICAGO POLICE DEPARTMENT

DATE OF STATEMENT

RD NO.

STATEMENT OF - NAME

ADDRESS

HOME TELEPHONE NO.

LOCATION OF CRASH

TIME TAKEN

STAR NO.

BEAT/UNIT NO.

WITNESSES BY/PRESENT - NAME

ADDRESS

HOME TELEPHONE NO.

THIS STATEMENT TO BE COMPLETED BY THE DRIVER

WHAT IS YOUR AGE?

ARE YOU MARRIED OR SINGLE?

WHAT IS YOUR OCCUPATION?

WHERE ARE YOU EMPLOYED?

HOW LONG HAVE YOU BEEN EMPLOYED THERE?

WHAT IS YOUR BUSINESS PHONE?

HOW MANY YEARS HAVE YOU BEEN DRIVING?

HOW LONG HAVE YOU BEEN DRIVING THIS VEHICLE?

YOU ARE NOW BEING QUESTIONED IN CONNECTION WITH THE ACCIDENT RESULTING IN THE

OF _____ WHICH OCCURRED AT _____

ON _____ 20 _____ ON OR ABOUT _____ HOURS. IT IS MY DUTY TO INFORM YOU THAT YOU HAVE THE RIGHT TO REMAIN SILENT AND YOU DO NOT HAVE TO ANSWER ANY QUESTIONS UNLESS YOU SO DESIRE, BUT ANYTHING YOU SAY OR WRITE CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW. YOU HAVE A RIGHT TO CONSULT A LAWYER BEFORE ANY QUESTIONING AND YOU HAVE A RIGHT TO HAVE A LAWYER PRESENT WITH YOU DURING ANY QUESTIONING. YOU DO NOT ONLY HAVE A RIGHT TO CONSULT WITH A LAWYER BEFORE ANY QUESTIONING BUT, IF YOU LACK THE FINANCIAL ABILITY TO RETAIN A LAWYER, A LAWYER WILL BE APPOINTED TO REPRESENT YOU BEFORE ANY QUESTIONING, AND YOU MAY HAVE THE APPOINTED LAWYER PRESENT WITH YOU DURING ANY QUESTIONING. IF YOU CHOOSE NOT TO REMAIN SILENT AND DO NOT WISH TO CONSULT WITH THE LAWYER OR HAVE THE LAWYER PRESENT, YOU STILL HAVE THE RIGHT TO REMAIN SILENT AND THE RIGHT TO CONSULT WITH A LAWYER AT ANY TIME DURING THE QUESTIONING. IF YOU UNDERSTAND THESE RIGHTS, PLACE YOUR INITIALS HERE.

DO YOU WISH TO MAKE A STATEMENT OF YOUR OWN FREE WILL, WITHOUT ANY PROMISE OF IMMUNITY OR REWARD HAVING BEEN MADE TO YOU?

WHERE WERE YOU GOING AT THE TIME OF THE ACCIDENT?

WHERE WERE YOU COMING FROM?

WAS ANYONE WITH YOU?

WHAT DIRECTION WERE YOU DRIVING?

AND ON WHAT STREET?

WHAT WAS THE CONDITION OF YOUR BRAKES (FOOT OR EMERGENCY) AT THE TIME OF THE ACCIDENT?

WHERE WERE ANY OTHER AUTOMOBILES ON THE STREET AT THIS PLACE AT THE TIME OF THE ACCIDENT?

HOW FAR FROM YOU WAS (WERE) THE PEDESTRIAN(S) OR VEHICLE(S) WHEN YOU FIRST OBSERVED THEM?

PEDESTRIAN NO. 1

PEDESTRIAN NO. 2

VEHICLE NO. 1

VEHICLE NO.2

HOW FAST WERE YOU DRIVING AT THE TIME OF THE ACCIDENT?

WHAT WAS THE CONDITION OF THE WEATHER?

 CLEAR FOGGY RAINING SNOWING

WHAT WAS THE CONDITION OF THE STREET?

ANY OBSTRUCTIONS?

DESCRIBE THE LIGHTING CONDITIONS AT THE ACCIDENT LOCATION?

 DRY WET ICY BUMPY DAYLIGHT DUSK DARK

WERE THE STREET LIGHTS ON?

WERE YOUR VEHICLE LIGHTS ON?

HOW WAS THE VISIBILITY?

AHEAD OF YOU

RIGHT

LEFT

WERE YOU WEARING SEAT BELTS?

 YES NO

NOW GO AHEAD AND IN YOUR OWN WAY, TELL HOW THE ACCIDENT HAPPENED, AND ALL YOU KNOW ABOUT THE ACCIDENT?

(Continued on other side)

CAN YOU IDENTIFY THE VIOLATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, PLEASE STATE NAME			SEX	RACE	AGE
HEIGHT	WEIGHT	HAIR	EYES	COMPLEXION	BEARD <input type="checkbox"/> YES <input type="checkbox"/> NO	GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIBE CLOTHING OR ANY OTHER OUTSTANDING FEATURE

CAN YOU IDENTIFY THE SUSPECT'S VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, PLEASE STATE VEHICLE YEAR		MAKE	BODY STYLE	COLOR
LICENSE PLATE NO.		STATE	YEAR			

DESCRIBE ANY OTHER OUTSTANDING FEATURES (DAMAGE, ACCESSORIES).

ARE YOU RELATED OR ACQUAINTED WITH ANY OF THE PERSONS INVOLVED IN THIS ACCIDENT?
 YES NO IF YES, EXPLAIN.

DID YOU HAVE ANYTHING INTOXICATING TO DRINK PRIOR TO THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		COULD YOU TELL IF ANYONE OR ALL OF THE OTHER DRIVERS AND/OR PEDESTRIANS HAD BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRIVER NO.	DRIVER NO.	PEDESTRIAN NO.	PEDESTRIAN NO.

IF SO, ON WHAT DO YOU BASE YOUR OPINION?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL CONCERNING THIS ACCIDENT?

WITNESS'(ES)' SIGNATURE		DRIVER'S SIGNATURE	
		DATE SIGNED	TIME SIGNED