PURPOSE OF THE REPORT

The Traffic Crash Report is designed to record a Department member's investigation/citizen's report of any motor vehicle or non-motor vehicle traffic crash.

This formset was designed by the Illinois Department of Transportation (IDOT), to record traffic crashes which are classified as Type A (property damage only - driveable) or Type B (fatality, personal injury, non-driveable, etc.). The Illinois Traffic Crash Report is a serial numbered (located under the bar code), bar coded, 3-part carbon-interleaved formset consisting of one Police Department copy and two Illinois Motorist Reports. The upper portion of the Motorist Reports are completed by carbon when the Police Department copy is filled out. Department members will complete the upper two thirds of the report above the heavy black line (driver/owner information). The carbons will then be removed and the Motorist Report copies will be given to the citizens involved in the crash.

In traffic crashes involving more than two units (e.g. vehicle, pedal cyclist, pedestrian), SR 1050 CA (CPD 22.110A) forms should be used for the additional vehicles. The serial number of the initial formset should be inserted on the SR 1050 CA.

TYPE A – CLASSIFICATION
Any crash that is not a Type "B". No injury/Drive Away.

TYPE B – CLASSIFICATION
A crash that involves injury, death, and/or a vehicle was towed from the scene due to damage caused by the crash.

DEFINITIONS

Per the Illinois Department of Transportation (IDOT), the following definitions apply:

MOTOR VEHICLE CRASH
A crash that involves a motor vehicle in transport.

SINGLE VEHICLE CRASH
A motor vehicle's **first damage and/or injury** is with someone or something other than another motor vehicle.

MULTI-VEHICLE CRASH
A motor vehicle's **first damage and/or injury** is with another motor vehicle(s).

PEDESTRIAN CRASH
A motor vehicle's **first contact** is with a pedestrian.

FIXED-OBJECT CRASH
A motor vehicle collides with a fixed object when **no other vehicle or object** has been struck.

TRAIN CRASH
A motor vehicle's **first contact** is with a railway vehicle.

ANIMAL CRASH
A motor vehicle's **first contact** is with an animal.

OTHER OBJECT CRASH
A motor vehicle collides with an object **that is not a fixed object** and the object **is not moving** when struck (e.g., fallen tree).

NONCOLLISION CRASH
A motor vehicle that sustains damage but **has not** collided with another motor vehicle or an object or **has not** overturned (e.g., jackknife, fire starting in a motor vehicle while it is in transport; or breakage of any

part of the vehicle resulting in injury or property damage).

OVERTURNED CRASH
A motor vehicle overturning without **first** striking another vehicle or an object.

SPECIAL INSTRUCTIONS

A.   Print all information using a ballpoint pen with black ink.
B.   In crashes involving unattended vehicles, the investigating officer will obtain ownership information either through the mobile terminal (if available) or through Office of Emergency Management and Communications (OEMC). If the investigating officer is not able to obtain ownership information during his tour of duty, he will attach a note to the Traffic Crash Report stating (a) whether the information has been requested and will be available or (b) whether this information is unavailable. It shall be the responsibility of the supervisor approving the report to obtain the information, if at all possible, and include it in the report.
C.   Crashes involving several cars struck in sequence, or a series of events which may extend as much as a block or occur on two different streets, shall be considered as one reportable crash. Example: An intoxicated driver strikes several cars in succession and turns a corner striking several more. If the crash situation has not stabilized, all successive collisions are considered part of the original collision.
D.   The printed serial number, which is located in the upper right hand corner of the crash report immediately beneath the bar code, along with the RD Number, is used to match and combine the sheets comprising the report file for a crash. Any unused sheets of a formset should be discarded.
E.   When entering the information from the Templates into the boxes utilizing a template, a "9" or "99," as appropriate, should be used **only** when the information is **not available and/or is not applicable**.
F.   The officer should enter the "striking" unit as Unit 1. In most cases, the "striking" and "at-fault" vehicle will be the same. However, it should be noted in some instances that the "striking" unit will not be the "at-fault" unit based upon a driver's or witness's statement or physical evidence. Example: Vehicle A disobeys a stop sign and proceeds through the intersection and is struck in the side by Vehicle B. In this instance, Vehicle A is the "at-fault" vehicle even though it is not the "striking" vehicle and should therefore be listed as Unit 1. It is not necessary for the "at-fault" vehicle to strike another vehicle.
G.   Enforcement action need not be taken in Type A crashes. However, if there is an apparent license violation, mandatory insurance violation or a driver(s) is under the influence of alcohol, other drugs or a combination thereof, or a driver(s) involved in the crash insists that the other driver(s) committed a traffic violation and the allegation is supported by physical evidence and/or witnesses, appropriate enforcement action will be taken.
H.   For every person involved in the crash, the severity of injury must be reported.

NUMBER CODE BOXES
In boxes 1 through 30 and Contributory Cause(s), enter number codes according to the Templates.
Note: Contributory Cause Codes are located on the back of Template 1.

Whenever there are two boxes for one number marked U1 and U2, enter information for Unit 1 and Unit 2.

TYPE OF REPORT/LOCATION INFORMATION

31.   Self-explanatory.

32.   For detailed explanation, see "Purpose of Report." The entire report must be completed for both Type A and Type B traffic crashes.

33.   Self-explanatory.

34.   In incidents when address is known, enter numerical street address of the incident in Box 34 marked "Address No.", e.g., "1121." Circle the appropriate direction. Enter the street name with suffix in the next box marked "Highway or Street Name," e.g., "State Street." For crashes at the intersection, enter the address on the streets in which the striking or offending vehicle was traveling. For example, 800 W. Roosevelt Rd and 1200 S. Halsted St refer to the same location. The appropriate address to use is that of the street in which Unit 1 was traveling before the crash.

For crashes at the Intersection: "X" square <u>before</u> "At Intersection With," and enter the specific

numerical street location or approximate numerical street location of intersecting street.

If crash is <u>not at intersection</u> and when address is <u>not known</u>, "X" the square before "___FT/MI." Circle either "FT" or "MI", as appropriate, enter the number of feet or miles or tenths of a mile from the center of the nearest intersection. Circle "N," "E," "S," or "W" indicating direction away from the nearest intersection where crash occurred.

35.   "X" squares marked YES or NO for the following:

    a.   Intersection related – was this an intersection related crash, regardless of the location of the collision? (If the crash occurred because of the intersection, regardless of the exact location, it is intersection related).

    b.   Private property – Did the crash originate and occur on private property?

        Note: Crashes originating on a public roadway and ending on private property should not be marked as a private property crash. Example: The driver of a vehicle on a public roadway lost control and ran off the roadway and hit a house at the corner of an intersection. This is still a public property crash.

    c.   Hit & Run – Was this a Hit &Run crash (complete box 59)?

36.   Enter date of crash (Month-Day-Year), enter time of crash (civilian time), "X", square for AM or PM. Indicate the Beat of Occurrence.

DOORING - Self-explanatory.

37.   Self-explanatory.

38.   Enter total number of vehicles involved in the crash. Indicate whether photos and/or statements were taken.

UNIT INFORMATION

39. Choose between Unit 1 and Unit 2; enter the "striking" unit as Unit 1 unless you determine that the "striking" vehicle is **NOT** the "at-fault" unit, then enter the "at-fault" unit as Unit 1. "X" one of the squares marked "Driver," "Parked – No Driver," "Ped" (Pedestrian), "Pedal" (Pedal cyclist), "Eques" (Equestrian), "NMV" (occupant of Non-Motor Vehicle), or "NCV" (Non-Contact Vehicle). Enter the name (Last - First -M.I.) as shown on the Driver's License, if available. Enter name of person, when known, who last had control of the vehicle and any available information. If vehicle is legally parked, print "Parked" in name box: if vehicle is illegally parked, print "Illegally Parked." When driver is unknown, enter "UNK" in name box. If a train is involved, do not list engineer as driver of unit, print in the word "Train" and additional information in BOX 43 (Damaged Property information).

Note: A Non-Contact Vehicle (NCV) is a vehicle that may have contributed to the crash but did not make any direct contact with any other vehicle involved in the crash.

Enter Date of Birth (Month-Day-Year): enter street address: indicate sex by printing M or F; enter city, state, zip; enter telephone number, if available; enter Driver License Number ("None" or N/A if no license); Enter State and Class as shown on Drivers License.

TAKEN TO (Unshaded) Enter name of hospital, doctor's office, mortuary or other place person was taken. If person refused medical treatment, indicate. EMS (Unshaded) Enter ambulance service that transported injured from scene and emergency medical service or run number when known. Enter "Unknown" if necessary.

25.   Use Template 2 to indicate safety equipment used by the driver.

26.   Use Template 2 to indicate air bag deployment.

27.   (Unshaded) Enter code from Template 2 for most severe injury to person involved in the crash.

Note: **For every person involved in the crash, the severity of injury must be reported. If a person is not injured, enter "O" to denote "No indication of injury." If injury is unknown as in the case of a hit and run driver, enter "O." Do not leave this box blank. Only use "K," "A," "B," "C," or "O."**

28. (Unshaded) Enter one of the codes from Template 2 regarding ejection or extrication.

VEHICLE INFORMATION

39. Enter manufacturer's Make, Model, and Year. Enter License Plate Number, issuing State and Month / Year of expiration. Enter Vehicle Identification Number. Enter name of owner of title of vehicle; if same as vehicle driver, print "Same." Enter complete address of owner, if different than driver.

    CIRCLE NUMBER(S) FOR DAMAGED AREA(S) on the diagram of vehicle or "00" None, "10" Under Carriage, "11" Total, "12" Other or "99" Unknown. Enter a number in the square provided for "Point of First Contact" from those surrounding the diagram.

    TOWED - "X" Yes or No for questions as appropriate. Enter the name of the INSURANCE COMPANY (not agent) which issued policy for vehicle. Enter "None" if not insured; enter "Self-insured" if self-insured (If "NONE," citation must be issued). Enter insurance POLICY NO. from insurance card. Enter information for other traffic unit(s) involved in crash according to instructions above.

PASSENGERSIWITNESSES/INJURED INFORMATION

Items below heavy line are formatted to list information regarding passengers, witnesses, injured persons. Remove carbons prior to completing this section and give Motorist Report copy to citizen(s). Only use this section for Passengers and Witnesses. If there are additional Units, use the SR 1050 CA – Additional Units form.

    (UNIT) – Enter unit number in which person was passenger; if a witness, enter "W." If additional space is needed for Passengers and Witnesses, use the SR 1050 CA – Additional Units form.

24. (SEAT) – Enter appropriate number for seat position located on Template 2. Number "7" is to be used if the passenger is occupying any other space in an enclosed vehicle. Cycle passengers legally seated will be coded as seat position "7". Number "8" will be used if passenger is illegally seated or outside the vehicle (e.g., pickup truck bed, fender, etc.).

    (DOB) – Enter passenger's date of birth (Month-Day-Year). This information is required for all occupants, but is optional for witnesses.

    (SEX) – Indicate by printing M or F.

25. (SAFT) – Enter safety equipment used by the passenger from Template 2.

26. (AIR) – Enter air bag equipment deployment for the passenger from Template 2.

27. (INJ) – Enter the appropriate injury code for each passenger from Template 2. Injury must be reported for every passenger. When there is no injury, enter "O" to denote "No indication of injury."

28. (EJCT) – Enter the appropriate ejection/extrication code for passenger from Template 2.

40. (NAME) **/** (ADDR) / (TEL) – Enter the name (last, first, M.I.), address, zip code, and telephone number for each passenger or for each witness.

41. (HOSP) – Enter name of hospital, doctor's office, or mortuary to which person was taken. If person refused medical treatment, indicate.

42. (EMS) – Enter ambulance service that transported injured from scene and emergency medical service or run number when known. Enter "Unknown" if necessary.

EVENT/UNIT ACTIONS

Note: Items 29 and 30 must be completed for each unit (shaded) using the codes listed on Template 1. Boxes numbered 29 and 30 must be completed for each unit from the event and location items on Template 1. Complete up to three events for each unit when necessary. The events (1, 2, and 3) are prenumbered. If there are more than three sequences involved in the crash, the three most important sequences should be used. To the immediate left of Box 29, check the box (Most) to indicate the most severe event for each unit.

Event Action

29.   (EVENT) – Enter up to three codes from Template 1 to thoroughly explain what happened in the crash.

30.   (LOC) – Enter up to three codes from Template 1 indicating the Location of the event relative to roadway.

DAMAGED PROPERTY INFORMATION

43.   DAMAGED PROPERTY OWNER NAME – Enter damaged property owner name (other than vehicle) (Last -First-M.I.). Wild animals are owned by the State of Illinois. If a train is involved, indicate name and address of railroad company here and locomotive number under damaged property. Enter "City of Chicago" for damaged City property including but not limited to traffic lights, sign posts, guard rails, planters, bridge supports, etc.

DAMAGED PROPERTY – Enter description/type of damaged property other than vehicles.

PROPERTY OWNER ADDRESS – Enter address, city, state, zip code of owner of damaged property.

DAMAGE TO PUBLIC/GOVERNMENT PROPERTY – In all traffic crashes involving damage to public property (defined in Section 8-4-120 MCC, as any public building, sewer, water pipe, hydrant, or other City property, or any tree, grass, shrub, or walk in any public way or public park), the investigating officer will complete the "Damaged Property" portion of the Crash Report. When the damage to public property involves City or Chicago Park District property and such damage is the result of a traffic law violation, members will follow the procedures outlined in the Department Directive entitled "Damage to Public Property."

ARRESTEE / VIOLATION INFORMATION

44.   Enter name (Last -First -M.I.) of person who was arrested, if applicable.
        SECTION – Enter section number of violation; if other than IVC, indicate ILCS/MCC chapter/section number. List most serious violation first. CITATION NO. – Enter citation number.

CONTRIBUTORY CAUSES – Self-explanatory.

POSTED SPEED LIMIT – Self-explanatory.

WORK ZONE – Self-explanatory.

OFFICER INFORMATION

45.   Enter Month, Day, Year police were notified of crash. Enter the time (civilian time) notified and "X" AM or PM.
        NOTE: Enter time notified in the Box to the <u>immediate right of Box 45</u>.

46.   Enter investigating/reporting member's Star/Employee No. (for civilian members) and sign the report.

47.   Enter investigating/reporting member's Beat

48.   Approving supervisor's signature and Star No.
        NOTE: Enter court date and time, if applicable, in the boxes to the <u>immediate right of Box 48</u>.

REVERSE SIDE

The reverse side of the form should be completed for **ALL** crashes. The Commercial Vehicle information in Box 51 should be completed if a commercial vehicle was involved in the crash.

49. DIAGRAM – Prepare diagram: Number each unit with number previously assigned on front of report; indicate direction of travel with arrow; indicate North by arrow in the circle at upper right; indicate street names and other features that were affected by or resulted in the crash. If more space is needed, a more detailed diagram may be drawn on a separate sheet. The serial number (which is located under the bar code), the RD Number, and the sheet number of the total report must be indicated on the attachment

    NOTE: The R.D. number should be inserted inside the box provided in the diagram area.

50. NARRATIVE – Should describe what occurred as briefly as possible; describe the main events of crash. Refer to units by number previously assigned. Contributing factors/circumstances or significant details not covered in the remainder of the form should be included. Notifications should be listed here. Information on drug testing should be indicated here. If more space is required, attach a separate sheet; include serial number, RD Number, and sheet number of total report as a cross-reference to the original report.

COMMERCIAL VEHICLE

Boxes **51** through **57** should be completed for crashes involving commercial vehicles.

A commercial vehicle is any vehicle operated for the transportation of persons or property in the furtherance of any commercial or industrial enterprise, For-Hire or Not-For-Hire, but not including a commuter van, a vehicle used in a ridesharing arrangement when being used for that purpose, or a recreational vehicle not being used commercially. Included in this definition are the following: (a) vehicles that have a Gross Vehicle Weight Rating (GVWR) of 26,001 pounds or more; (b) vehicles designed to transport 16 or more persons; (c) vehicles transporting hazardous materials.

51. Enter the CARRIER NAME and corporate ADDRESS of the motor carrier.

52. SOURCE – "X" the square indicating source of carrier name and address.

53. GVWR – Enter Gross Vehicle Weight Rating, the value specified by the manufacturer as the loaded weight of a single vehicle (the load vehicle is designed to hold). Include the power unit (tractor or cab) and trailer(s). Ratings are listed on the Federal Certification (FMVSS) plate or label generally located on the driver-side door post of the power unit and on the forward half of the left side of the trailer. If the GVWR is not available, use the Gross Combination Weight Rating (GCWR) which is the GVWR of the power unit and the total weight of the towed unit and load on it.

54. ID NUMBER – Enter all available ID numbers: USDOT federal census number, the Interstate Commerce Commission number and the state number with the state name. These numbers are generally located on either side of the cab or power unit.

55. HAZARDOUS MATERIALS – "X" appropriate square to indicate if hazardous material placard(s) was present. If <u>yes</u>, enter 4-digit placard number, the 1-digit placard number and the class name from any one placard on the line provided. "X" appropriate square indicating whether hazardous cargo was released (do not include fuel from vehicle fuel tank). "X" appropriate square indicating if violations of hazardous materials regulations or motor carrier safety regulations contributed to the crash. "X" appropriate square if hazardous materials and/or a motor carrier safety inspection form was completed. Indicate if any out of service violations were cited and enter the Illinois Commercial Driver/Vehicle Inspection form number.

56. IDOT PERMIT – Enter the 7-digit IDOT oversize/overweight permit number, if any, and indicate if the unit is a wide load.

57. TRAILER WIDTH/LENGTH/AXLES – "X" appropriate square indicating trailer width. Indicate in feet total trailer length. Indicate in feet total vehicle length. Enter NUMBER OF AXLES on the vehicle including the power unit and trailer(s).

VEHICLE CONFIGURATION – Insert the number from the vehicle illustration located on the back of Traffic

Crash Report booklet cover which best describes the unit. If unit is truck/trailer with no cargo body, do not indicate cargo body type.

CARGO BODY TYPE – Insert the number from the vehicle illustrations located on the back of Traffic Crash Report booklet cover which best describes the Cargo Body Type of units pulling trailers.

FLATBED LOAD TYPE – Insert the number from the box on the back of Traffic Crash Report booklet cover which best describes the cargo on units pulling flatbed trailers.

59.   **HIT & RUN**: WANTED DRIVER – complete the sex, race, age, hair color, distinguishing marks and/or clothing description information, if available. Indicate Unit No. previously assigned; include vehicle color.

The remainder of this section is for use by the Major Accident Investigation Unit only.

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