

COMPLETE BOTH SIDES OF THIS FORM

Use black ink

Mail This Report to Illinois Department of Transportation Accident Records Section 3215 Executive Drive Springfield, Illinois 62766-0001

For a copy of the Police Report contact the investigating agency. Check the appropriate box

If applicable, complete the # of feet from, and the name of the intersecting street(s)

Check applicable box(es); note the date/time, # of vehicles involved, and if any property was damaged over \$500.

ILLINOIS MOTORIST REPORT

INVESTIGATING AGENCY: Champaign Police; TYPE OF REPORT: ON SCENE; AGENCY CRASH REPORT NO.: 10 12345; ADDRESS NO. (OPTIONAL); HIGHWAY or STREET NAME: University Avenue; CITY/TOWNSHIP (Circle One): Urbana; INTERSECTION RELATED: Yes; DATE OF CRASH: 10/1/2009; TIME: 5:00 PM; LARS CODE; COUNTY: Champaign; PRIVATE PROPERTY: No; HIT & RUN: No; ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500: Yes; NUMBER MOTOR VEHICLES INVLD: 2

NAME (LAST, FIRST, M.I.): Jones, Jeremiah; DRIVER: Yes; DATE OF BIRTH: 1/1/50; MAKE: Dodge; MODEL: ST2500; YEAR: 2010; STREET ADDRESS: 3 Old Farm Patch Rd.; CITY: Savoy; STATE: IL; ZIP: 61874; INJURY: -; EJECT: -; VIN: 17DEK14X36PZ12345; CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 1; TOWED DUE TO CRASH: Yes; FIRE: No; HAZMAT SPILL: No; COM VEH: No; TELEPHONE: 217-999-1111; DRIVER LICENSE NO.: J400-3215-1234; STATE: IL; CLASS: D; VEHICLE OWNER (LAST, FIRST M.I.): University of Illinois; INSURANCE CO.: State of Illinois; TAKEN TO: EMS AGENCY; OWNER ADDRESS (STREET, CITY, STATE, ZIP): 1501 S. Oak, Champaign; TELEPHONE: 3-0697; POLICY NO.: Self-Insured Plan

NAME (LAST, FIRST, M.I.): Doe, John; DRIVER: Yes; DATE OF BIRTH: 2/1/92; MAKE: Pontiac; MODEL: GXP; YEAR: 2008; STREET ADDRESS: 4 Progreen Street; CITY: Urbana; STATE: IL; ZIP: 61801; INJURY: -; EJECT: -; VIN: 20DOE10P412567891; CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 5; TOWED DUE TO CRASH: No; FIRE: No; HAZMAT SPILL: No; COM VEH: No; TELEPHONE: 217-888-2222; DRIVER LICENSE NO.: D300-8129-5678; STATE: IL; CLASS: C; VEHICLE OWNER (LAST, FIRST M.I.): Doe, James P.; INSURANCE CO.: All state; TAKEN TO: EMS AGENCY; OWNER ADDRESS (STREET, CITY, STATE, ZIP): 4 Progreen St, Urbana; TELEPHONE: 217 338-2222; POLICY NO.: A 14921212

Was driver (owner) of other vehicle insured? YES [X] NO [] NOT KNOWN []
Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. [X] more than \$500
DID POLICE OFFICER INVESTIGATE ACCIDENT? YES [X] NO [] APPROXIMATE COST TO REPAIR YOUR VEHICLE \$

Table with 4 columns: NAME, UNIT, AGE, SEX, ADDRESS. Rows for injured persons and property damage. Includes 'DESCRIBE INJURIES' and 'DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES'.

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 [X] NO []
Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.
State of Illinois Self-Insured Auto Plan
Name and address of representatives who sold policy.
CMS
Springfield, IL
Policy Number: State of Illinois
Policy Period:
From: To:
Name of Policy Holder: State of Illinois



M0198

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Printed by authority of the State of Illinois

WORK PHONE #

SR 1B 35M (REPRINT 10/06)

SIGN HERE: Jeremiah Jones; ADDRESS: 3 Old Farm Patch Rd, Savoy; DATE: 10/2/2009

COMPLETE BOTH SIDES OF THIS FORM

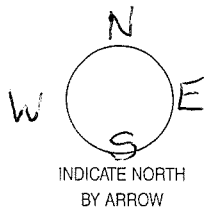


DIAGRAM WHAT HAPPENED INSTRUCTIONS

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.

YOUR 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.

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 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.)

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.

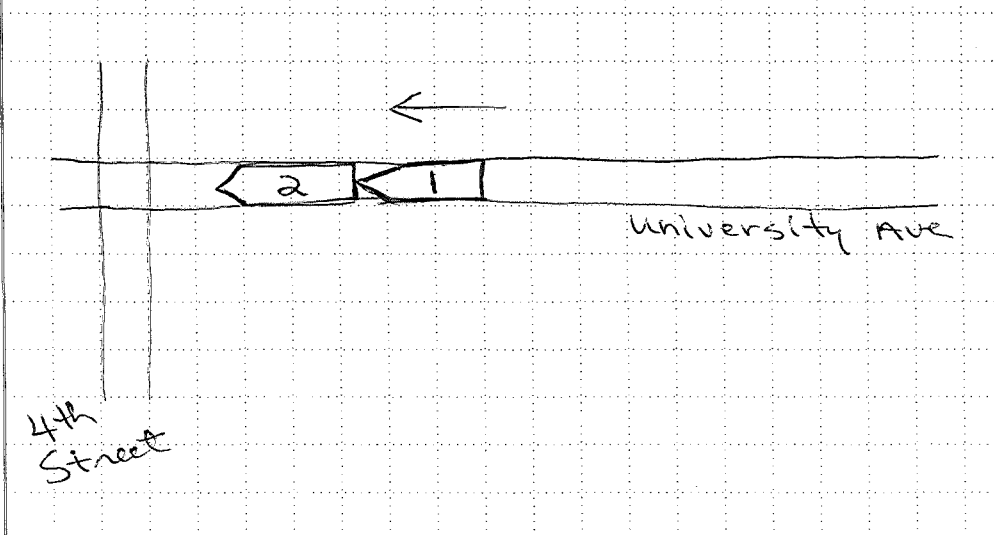
INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

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.

DIAGRAM:



NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 rear-ended Unit 2 when Unit 2 stopped suddenly when the light turned red. Unit 1 sustained front-end damage and was towed. Unit 2 sustained rear-end damage but was not towed. No ambulance was called. Driver of Unit 1 was ticketed.

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.

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?

YES

NO