Overview - Illinois Online Motorist Report

Drivers that are involved in a motor vehicle crash in the state of Illinois must report the crash to the Illinois Dept of Transportation (IDOT) within 10 days of the crash. See 625 ILCS 5/11-406 on the Illinois Compiled Statutes (ILCS) website <u>http://www.ilga.gov/legislation/ilcs/ilcs.asp</u>

In the case where the driver cannot make the report, the vehicle owner or other related person is required to comply. This reporting is typically done via a paper report that is distributed by law enforcement when they respond to the crash.

The online motorist report is an additional way to comply with this state law. The online motorist report is a web application located at <u>https://motoristreport.illinois.gov/</u>. The site can be used to submit an electronic copy of the motorist report complete with a diagram and narrative OR it can generate a partially completed paper report that can then be completed and sent in as paper.

This document covers the basics of using the online motorist report.

Online wizard

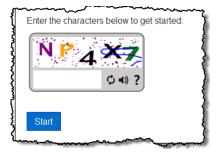
The Illinois Online Motorist Report application uses a wizard like approach to collect all the information needed for a motorist report. Based on some of the answers given, additional screens and/or options may be provided. Each screen is for the most part self explanatory with red asterisks for the required fields.

Note: The motorist report must be completed within one session. Do not close the browser window or leave the browser unattended for more than 20 min, otherwise your session will be closed. There is no way to retrieve a previous report, a new one must be completed.

Below is a listing of the wizard screens with some key items explained more in depth.

Captcha Login

The first screen protects the web application from spam-bots via a captcha login. The captcha login is a randomized image that humans can discern but spam-bots cannot.



The value of the letters and numbers on the image can be typed in upper or lowercase. If you cannot read that particular captcha image, the circular arrows allows you to refresh and generate a new image that you can attempt to read. Alternately you can click on the speaker icon and a different captcha value will be spoken via your audio settings and that value can be entered.

Note: You are required to submit the captcha value within 90 seconds of the screen loading. If not, just refresh and enter the new images value.

Person Reporting Screen

YOUR INFORMATION	(PERSON REPORTING)
First Name*	
Middle Name	
Last Name*	
Street Address	
City	
State	ILLINOIS
Zip	
Email Address	
	This email will be used to send a confirmation copy of the report to you after yo have submitted it.

The email address is used to automatically send you a copy of the motorist report if and when you fully complete the wizard including the diagram and narrative. You can also manually generate and save (or print) off a PDF at most every step along the way. Please be advised that the emails that are generated are NOT to be replied to as no one is monitoring the sending mailbox.

Crash Information Screen

CRASH INFORMATIO	N		
Report Bar Code*	*		
Agency Reported To*	Not Reported Yet	•	
Agency Report Number			
Crash Investigated By Police	YesNo		
Unit Number	1		
Crash Date*			
County	No Data	•	
Crash Occurred In City	8		
Township		•	
Previous Next			Print Report

This screen collects the main information on the crash. The Report Barcode number is the most important value. This is typically a 10 or 11 digit value that is in the upper right hand corner of the paper the law enforcement officer gave you at the crash scene.

If you do not have a barcode value, please contact the agency that reported your crash. All crashes reported through the online motorist report application MUST have already been investigated by a law enforcement agency.

Vehicle Information Screen

VEHICLE INFORMATI	ON		
Make			
Model			
Year			
License Plate Number			
State/Territory Registered In	ILLINOIS	٠	
Repair Estimate			
Previous Next			Print Report

The vehicle information screen lists an estimate for the repair of your vehicle. Please enter the value that your body shop or insurance claims adjuster listed for the damage to your vehicle. Notice that these fields are not required in case you were a pedestrian or a pedalcyclist involved in the crash.

Driver Information Screen

DRIVER INFORMATIO	N
I was driving the vehicle	
First Name*	
Middle Name	
Last Name*	
Street Address	
City	
State	ILLINOIS
Zip	
Driver License Number	
Driver License State	ILLINOIS

If you were driving the vehicle at the time of the crash and entered values on the first screen, by clicking on the checkbox at the top, those values will be populated here as well. Please also note that the driver's license number is not required but it is validated if it is entered and is validated based on the state.

Driver Insurance Information Screen

DRIVER INSURANCE	INFORMATION
Policy Holder's Name*	Blowe, Joe
Policy Number*	
Policy Start Date*	
Policy End Date*	
Insurance Company:	
Company Name*	
Agent's Name	

If you indicated you had insurance on the previous screen, then this screen will appear. Please note that many of these fields are required. This is for the driver's insurance and a separate screen is used for the vehicle insurance.

Vehicle Owner Information Screen

	manne	
VEHICLE OWNER INF	ORMATION	
Owner If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide USDOT number	I own the vehicle.	
First Name*	Joe	
Middle Name		
Last Name*	Blowe	
	Owner If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide USDOT number First Name* Middle Name	If your vehicle is subject to the Federal Motor Carrier Safety Regulations, provide USDOT number First Name* Middle Name

On this screen you can select from a number of different ownership scenarios. Please select the one that is your situation. Based on this selection, other values will change.

Vehicle Owner Insurance Information Screen

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ş	OWNER INSURANCE	INFORMATION	ţ
ł	Policy Holder's Name*	Blowe, Joe	
<b>\</b>	Policy Number*		
3	Policy Start Date*		
3	Policy End Date*		}
ł	Insurance Company:		4
ł	Company Name*		ł
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Policy Start Date* Policy End Date* Insurance Company:		

If you indicated that the vehicle was insured, then you will see the above screen. Depending on how the liability of the crash is determined, different insurance companies may be involved. The motorist report form collects all this information.

Property Damage Information Screen (optional)

PROPERTY DAMAGE		
	Add Property Damage (Other Than Vehicles)	
Previous Next		Print Report

Depending on the type of crash, non-vehicle property may have been damaged as well. For example if a vehicle leaves a roadway, then a fence or a light pole may also be damaged. This screen allows for the listing of several different owners property damage. If your crash did have non-vehicle property damage, then click the button and the following screen will appear:

Add Property Damag	e X
Estimated Repair Cost	
Damage Description	
Property Owner:	4
Owner Type	 Person Company or Other Entity
First Name*	
Middle Name	
Last Name*	
Street Address	
City	
State	ILLINOIS
Zip	
5 	Save Cancel

Please enter an estimated cost to repair as well as a brief description of the damage and also the person or entity that owns the property. Once completed, then click save and it will be added to the list as shown below

Damage Description	Owner	Cost to Repair	
Fence panel	Jane Smith 123 Main St Chicago IL 12345	\$100.00	Edit Delete
Light pole knocked over	City of Chicago 123 Main St Chicago IL 12345	\$5,000.00	Edit Delete
	Add Property Damage (Othe	r Than Vehicles)	

Person Injury Information Screen (optional)

If there were any injuries in the crash, you can list them similarly here. Please be sure to include which unit the person was in as shown below

lame	Unit #	
loe Blowe	1	Edit Delete
23 Main St		
Chicago IL 12345		
	Add Injury	

Crash Diagram Screen

After reading the instructions that are on the screen, you can click the OK button and the following screen will display. The different areas are highlighted as follows...

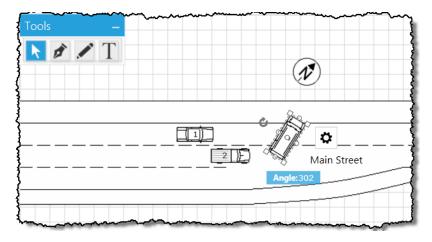
	indo redo	copy Cut) (2) paste	delete grou	
Sallery	Roadway	1			
Roadway Roadway-Intersi Roadway-Intersi Roadway-Parkin Traffic Control Roadway Object	ate 2-1/ Country	V Curve Standard	Country Rd	2-LANE Center Turn Ln	2-UNE Shoulder
lools	-				Instructions
x # /	T (N)				

The GALLERY list is highlighted in green. Select the different galleries to choose different roadways or objects for your diagram.

The OBJECTS in the selected gallery appear in the yellow area. You can scroll down in the list to see more items. Select the item you want and drag it to the BLUE area and drop it. It will be added to the overall diagram. Add any and all items that are needed to explain what happened leading up to and after the crash.

NOTE: You can only select one roadway object – it will automatically replace other roadway objects.

After you build the basics of the crash scene, you can double click on the vehicles to add a unit number or rotate the car as needed. You can also double click the North arrow to rotate it or drag it to a different part of the diagram.



In addition, freehand drawing and a generic text box is available in the tools section. Text boxes are great for labeling roads

Crash Narrative

The crash narrative works in conjunction with the crash diagram. Refer to the vehicles by their unit numbers on the diagram and explain what happened leading up to the crash and afterwards. You have a character count down so please do not exceed that amount.

~	
į	Narrative (Refer to vehicle by Unit No.) (1217 characters left)
}	Unit 3 hit a patch of ice and
5	Previous Next

Once completed with the narrative you can click next and are presented with the final screen to "click-sign" the motorist form

CONFIRMATION			
The providing of false info sentence.	ormation is a class C misdemeanor and can result in a \$500 fine and a 30-day		
By checking the box belo knowledge.	w, I attest that the information that I have provided is accurate to the best of my		
If you would like to include additional information with your report, then do not click the submit button below. You should submit your report by mail. Click the print button at the bottom right and mail to.			
	Illinois Department of Transportation Crash Records Section 1340 North 9th Street Springfield, LI, 622766-0001		
Previous Finish &	Submit		

When you click the FINISH & SUBMIT button, the motorist report is delivered to IDOT and you have complied with the state law. The submission may take several seconds where you will see a dialog screen like the following



After which you will see a confirmation screen that also allows you to generate a PDF file to either save or print. If you supplied an email address, the PDF file is automatically generated and sent back to you.

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~	THANK YOU!
~	Thank you for submitting your Illinois Motorist Report online. If you supplied an email address, you should receive an email shortly with a copy of your report.
2	If you would like a copy of the report for your records right now, please click the print button below.
	Print Report
ς	

If you click the PRINT REPORT the PDF file will be downloaded to your machine at which point you can either OPEN or SAVE the report.



NOTE: that this is the ONLY opportunity you have to save your report. If you come back a different day or close the browser window, there is no way to access and retrieve your motorist report.