

MOTOR VEHICLE ACCIDENT AFFIDAVIT INVOLVING PERSONAL INJURY/FATALITY



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Additional forms may be obtained at
ilsos.gov

Former Illinois Driver's License Number: _____

Date of Accident: _____

Name: (Last, First, Middle)		Telephone Number:
Current Residence: (Street/City/State/ZIP)		County:
Last Illinois Address: (Street/City/State/ZIP)		County:
Sex: M F	Date of Birth: / /	Social Security Number:

SECTION I: DRIVING RECORD

- A. Provide a detailed account of the events leading up to the accident, how the accident occurred and the events immediately following the accident. Your description should include, but not be limited to, the following information. If more space is needed, please attach additional sheets of paper. **Remember, the burden is on you to demonstrate that your driving privileges should be restored. Therefore, it is necessary that you provide complete information in order to carry that burden.**
1. Where were you coming from and going to immediately before to the accident?
 2. Where had you been and what had you been doing before the accident?
 3. What do you remember about the accident?
 4. If you do not remember the accident, what is the last thing you do remember?
 5. Were you able to leave the scene of the accident under your own power or were you taken to a hospital by medical personnel?
 6. Was a blood, breath or urine test administered to you by a law enforcement officer or medical personnel to test your blood-alcohol concentration (BAC) level? YES NO If yes, what were the results of that test?

7. Had you consumed any alcohol beverages or any drugs, whether prescribed or illicit, within the 24 hours preceding the accident? **YES** **NO** If yes, describe what you had consumed, how much you consumed and when you had consumed it.

8. How many other people were in your vehicle besides you, and how many people were in the other vehicle(s) involved in the accident?

9. What were the extent of your injuries?

10. What were the extent of the injuries of any other person(s) involved?

11. Were there any pedestrians involved in the accident? **YES** **NO** If yes, what was the extent of their injuries?

12. What tickets were issued to you as a result of the accident and what is the status of those tickets?

13. Are there any civil suits pending against you or by you as a result of this accident? **YES** **NO** If yes, what is the status of those suits?

14. Did you have insurance covering this accident? **YES** **NO**

15. Explain your familiarity with the area in which the accident occurred, i.e, was this an area you had traveled extensively, very little or were not familiar with at all?

16. What time of day or night was it?

17. What were the weather conditions and what condition was the road in?

18. How much damage was done to your vehicle and how much damage was done to the other vehicle(s) involved?

B. Do you feel the accident was caused by you? **YES** **NO** Whether yes or no, explain why:

- C. Has your attitude toward driving changed at all as a result of this accident? **YES** **NO** If yes, why and how has it changed?
- D. If you were convicted of leaving the scene of the accident, why didn't you remain at the scene?
- E. Have you been involved in any other automobile accidents in which someone was injured? **YES** **NO** If yes, give the dates and a brief explanation of how the accident(s) occurred and whether you were issued any tickets and the status of those tickets. Also indicate the extent of the injuries involved as a result of the accident(s).
- F. Have you ever been involved in an accident(s) involving only property damage either to another vehicle, your vehicle or other property? **YES** **NO** If yes, give the dates and details surrounding the accident(s).
- G. Have you ever had a driver's license in another state? **YES** **NO** If yes, what state and during what years were you licensed in that state?
- H. Provide any other information that may be helpful in making a determination in your case:

Under penalty of perjury, I certify that the statements set forth in this document are true and correct.

Petitioner's Signature

Date

This form must be signed and dated within 30 days prior to mailing.