



# Indiana Officer's Standard Crash Report

State Form: 23558 (Revised 9/4/01) Stock 302

Mail to: Indiana State Police, Crash Records Section  
100 North Senate Avenue, Indianapolis, IN 46204



Report	<input type="radio"/> Original	Page	<input type="text"/>	of	<input type="text"/>
	<input type="radio"/> Supplemental				
Local ID					

Date/Location

Date of Crash Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		Day of Week <input type="text"/>	Actual Local Time AM <input type="radio"/> PM <input type="radio"/>	County <input type="text"/>	County # <input type="text"/>	Township <input type="text"/>	No. Motor Vehicles <input type="text"/>	No. Injured <input type="text"/>	No. Dead <input type="text"/>	No. Trailers <input type="text"/>
Road Crash Occurred On <input type="text"/>			Intersecting Road/Mile Marker/Interchange <input type="text"/>		City/Town or Nearest City/Town <input type="text"/>		Inside Corporate Limits? <input type="radio"/> Yes <input type="radio"/> No	Property? <input type="radio"/> Private <input type="radio"/> Other <input type="radio"/> DNR		
If not an intersection, number of feet from <input type="text"/>		Direction <input type="text"/>	Nearest Intersecting Road/Mile Marker/Interchange <input type="text"/>		Distance and Direction from Corporate Limits Miles North <input type="text"/> Miles East <input type="text"/> Miles South <input type="text"/> Miles West <input type="text"/>		Road Classification <input type="radio"/> Interstate <input type="radio"/> US Route <input type="radio"/> State Road <input type="radio"/> County Road <input type="radio"/> Local/City Road <input type="radio"/> Unknown			

### Fill in only one primary cause for the crash.

<b>Fill in up to two ovals per vehicle for Driver Contributing Circumstance.</b> <b>A</b>		<b>Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstance.</b>	
<b>Primary Cause</b> Vehicle 1 Vehicle 2	<b>Driver Contributing Circumstance</b> <input type="radio"/> Alcoholic Beverages <input type="radio"/> Illegal Drugs <input type="radio"/> Driver Apparently Asleep <input type="radio"/> Prescription Drugs <input type="radio"/> Driver Illness <input type="radio"/> Unsafe Speed <input type="radio"/> Failure to Yield Right of Way <input type="radio"/> Disregard Signal/Regulatory Sign <input type="radio"/> Left of Center <input type="radio"/> Improper Passing <input type="radio"/> Improper Turning <input type="radio"/> Improper Lane Usage <input type="radio"/> Following Too Closely <input type="radio"/> Unsafe Backing <input type="radio"/> Overcorrecting/Oversteering <input type="radio"/> Ran Off Road Right <input type="radio"/> Ran Off Road Left <input type="radio"/> Wrong Way on One Way <input type="radio"/> Pedestrian's Action <input type="radio"/> Passenger Distraction <input type="radio"/> Violation of License Restriction <input type="radio"/> Jockeying <input type="radio"/> Cell Phone Usage <input type="radio"/> Other Telematics in Use <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None	<b>Primary Cause</b> Vehicle 1 Vehicle 2	<b>Vehicle Contributing Circumstance</b> <input type="radio"/> Engine Failure or Defective <input type="radio"/> Accelerator Failure or Defective <input type="radio"/> Brake Failure or Defective <input type="radio"/> Tire Failure or Defective <input type="radio"/> Headlight(s) Defective or Not On <input type="radio"/> Other Lights Defective <input type="radio"/> Steering Failure <input type="radio"/> Window/Windshield Defective <input type="radio"/> Oversize/Overweight Load <input type="radio"/> Insecure/Leaky Load <input type="radio"/> Tow Hitch Failure <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None
		<b>Environment Contributing Circumstance</b> <input type="radio"/> Glare <input type="radio"/> Roadway Surface Condition <input type="radio"/> Holes/Pits in Surface <input type="radio"/> Shoulder Defective <input type="radio"/> Road Under Construction <input type="radio"/> Severe Crosswinds <input type="radio"/> Obstruction Not Marked <input type="radio"/> Lane Marking Obscured <input type="radio"/> View Obstructed <input type="radio"/> Animal on Roadway <input type="radio"/> Traffic Control Inoperative/Missing/Obscured <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None	

<b>Fill in only one oval per vehicle per category.</b> <b>B</b>		
<b>Vehicle 1</b> <b>Vehicle 2</b>	<b>Vehicle 1</b> <b>Vehicle 2</b>	
<b>Pre-Crash Vehicle Action</b> <input type="radio"/> Going Straight <input type="radio"/> Backing <input type="radio"/> Changing Lanes <input type="radio"/> Overtaking/Passing <input type="radio"/> Turning Right <input type="radio"/> Turning Left <input type="radio"/> Making U Turn <input type="radio"/> Merging <input type="radio"/> Entering Traffic Lane <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Slowing or Stopped in Traffic <input type="radio"/> Unattended Moving Vehicle <input type="radio"/> Avoiding Object in Roadway <input type="radio"/> Staring in Traffic <input type="radio"/> Driving Left of Center <input type="radio"/> Crossing the Median		<b>Traffic Controls</b> <input type="radio"/> Officer/Crossing Guard/Flagman <input type="radio"/> RR Crossing Gate/Flagman <input type="radio"/> RR Crossing Flashing Signal <input type="radio"/> RR Crossing Sign <input type="radio"/> Traffic Control Signal <input type="radio"/> Flashing Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Lane Control <input type="radio"/> No Passing Zone <input type="radio"/> Other Regulatory Sign/Markings (Explain in Narrative) <input type="radio"/> None
<input type="radio"/> * Was traffic control operational? <input type="radio"/> Yes <input type="radio"/> No		<b>Was this crash a result of aggressive driving?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable

### Fill in only one oval per category.

<b>Hit and Run</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Light Conditions</b> <input type="radio"/> Daylight <input type="radio"/> Dawn/Dusk <input type="radio"/> Dark (Lighted) <input type="radio"/> Dark (Not Lighted) <input type="radio"/> Unknown	<b>Type of Median</b> <input type="radio"/> Drivable <input type="radio"/> Curbed <input type="radio"/> Barrier Wall
<b>Locality</b> <input type="radio"/> Rural <input type="radio"/> Urban	<b>Weather Conditions</b> <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Sleet/Hail/Freezing Rain <input type="radio"/> Fog/Smoke/Smog <input type="radio"/> Severe Cross Wind <input type="radio"/> Blowing Sand/Soil/Snow	<b>Type of Roadway Junction</b> <input type="radio"/> No Junction Involved <input type="radio"/> Four-Way Intersection <input type="radio"/> T-Intersection <input type="radio"/> Y-Intersection <input type="radio"/> Traffic Circle/Roundabout <input type="radio"/> Five Point or More <input type="radio"/> Interchange <input type="radio"/> Ramp
<b>Rumble Strips</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Surface Condition</b> <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Snow/Slush <input type="radio"/> Ice <input type="radio"/> Loose Material on Road (Gravel, etc.) <input type="radio"/> Water (Standing or Moving)	<b>Road Character</b> <input type="radio"/> Straight/Level <input type="radio"/> Straight/Grade <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Level <input type="radio"/> Curve/Grade <input type="radio"/> Curve/Hillcrest <input type="radio"/> Non-Roadway Crash
<b>Construction</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Construction Type</b> <input type="radio"/> Lane Closure <input type="radio"/> X-Over/Lane Shift <input type="radio"/> Work on Shoulder <input type="radio"/> Intermittent or Moving Work	

Drivers

<b>Fill in only one oval per driver per category.</b> <b>D</b>	
<b>Driver 1</b> <b>Driver 2</b>	<b>Driver 1</b> <b>Driver 2</b>
<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	<b>Safety Equipment Used</b> <input type="radio"/> No Restraint <input type="radio"/> Lap Belt Only <input type="radio"/> Harness <input type="radio"/> Helmet <input type="radio"/> Airbag Deployed (No Restraint) <input type="radio"/> Airbag Deployed + Harness <input type="radio"/> Unknown <input type="radio"/> Other (Explain in Narrative)
<input type="radio"/> Ejected/Trapped <input type="radio"/> Not Ejected or Trapped <input type="radio"/> Partially Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped In <input type="radio"/> Pinned Under <input type="radio"/> Unknown	<b>Safety Equipment Effective?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable

### Fill in all that apply.

<b>Driver 1</b> <b>Driver 2</b>	<b>Driver 1</b> <b>Driver 2</b>
<b>Apparent Physical Condition</b> <input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> Ill <input type="radio"/> Fatigued <input type="radio"/> Asleep <input type="radio"/> Drugs/Medication	<b>Restrictions</b> <input type="radio"/> Glasses/Contact Lenses <input type="radio"/> Outside Rearview Mirror <input type="radio"/> Daylight Driving <input type="radio"/> Automatic Transmission <input type="radio"/> Special Controls <input type="radio"/> Employment Only <input type="radio"/> Motorcycle Only <input type="radio"/> To/From Employment Only <input type="radio"/> Employers Vehicle Only <input type="radio"/> Authorized State-Owned Vehicles Only <input type="radio"/> P.P. Chauffeurs Restricted to Taxi Only <input type="radio"/> Power Steering <input type="radio"/> Special Restrictions <input type="radio"/> Probation DWI <input type="radio"/> Probation HTO
<b>If Cited?</b> <input type="radio"/> Infraction <input type="radio"/> Misdemeanor <input type="radio"/> Felony	





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Trailer

Commercial Vehicle

Damage

Tests

Non-Motorists

Tr#	Lic. State	Lic. Year	Registered Owner's Name (Last, First, MI)	Tr#	Lic. State	Lic. Year	Registered Owner's Name (Last, First, MI)
License No.			Address (Street, City, State, Zip)	License No.			Address (Street, City, State, Zip)
Year	Make			Year	Make		

Vehicle #	Commercial Vehicle: Carrier's Name and Address	US BOT No.	ICC No.	State DOT No.
HAZMAT Proper Shipping Name:		Vehicle Identification No.	HAZMAT Release of Cargo	HAZMAT Placard
HAZMAT 4-Digit ID No.		HAZMAT Class No.	Gross Vehicle Weight Rating	Cargo Body Type

Vehicle #	Commercial Vehicle: Carrier's Name and Address	US DOT No.	ICC No.	State DOT No.
HAZMAT Proper Shipping Name:		Vehicle Identification No.	HAZMAT Release of Cargo	HAZMAT Placard
HAZMAT 4-Digit ID No.		HAZMAT Class No.	Gross Vehicle Weight Rating	Cargo Body Type

Total Estimate of Damage	Areas Damaged (Multiples)	Vehicle 1	Vehicle 2
	Initial Impact Area	Undercarriage	Initial Impact Area
	Unknown	Trailer	Unknown
		None	

Other Property Damage (Include Cargo)		
Name of Object	State Property	Owner's Name and Address
(1)	Yes/No	
(2)	Yes/No	
(3)	Yes/No	

Tests	Driver 1	Driver 2	Injured 1	Injured 2	Injured 3	Alcohol Results	Non-Motorist	Apparent Physical Condition	Non-Motorist Action
	Test Given	None	Alcohol	Drug	Alcohol + Drug	Refused	Dr1, Dr2, Inj1, Inj2, Inj3	Condition	On designated non-motorist lane
	Type Given	Blood	Urine	Breath	Other (Explain in Narrative)		Direction	Normal	Not in roadway
							Traffic Control?	Had Been Drinking	On shoulder

Name of Person Cited	IC Code	Witness No. 1 Name (Last, First, MI), Address, etc.
Name of Person Cited	IC Code	
Other Participant(s) Name (Last, First, MI), Address, etc.		Location at Time of Crash
		Phone #
		Witness No. 2 Name (Last, First, MI), Address, etc.
		Location at Time of Crash
		Phone #

