INDIANA OFFICER'S STANDARD CRASH REPORT State Form: 23558 (Revised 5/03) Stock 302 Mail to: Indiana State Police, Crash Records Section Original Supplemental Page of										
100 North Senate Avenue, Indianapolis, IN 46204 Local ID										
Date of Crash Month Day Year Day of Week Actual Local Time County AM PM	Township	# Motor Vehicles # Injured # Dead # Commercial # Vehicles	Deér							
Road Crash Occurred On Nearest/Intersecting Road/Mile Marker/Inter	t an intersection, r of feet from Direction Road Interstate County Road Class US Road Local/City Road State Road Other									
Inside Corporate Limits? City/Town or Nearest City/Town Property? Private	O D N R	Crash Latitude Crash Longitude								
Driver #1 Driver #2	Driver #3									
Fill in only one Primary Cause for the crash Area Information: Fill in one oval per category										
Fill in up to two ovals Fill in one oval per vehicle	for	Area Information: Fill in one oval per category								
per vehicle for Driver Contributing Circumstances Vehicle and Environment Contributing Circumstance	es	Hit and Run Light Condition Yes Daylight Type of Median Driveable								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 2 Vehicle 2 Vehicle 3		No Dawn/Dusk Curbed Dark (Lighted) Barrier Wall Dark (Not Lighted) None Unknown								
Driver Contributing Circumstance Vehicle Contributing Circu	mstance	Locality Weather Conditions Type of Roadw Rural Clear Junction								
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	or Đefective illure or Defective	Urban Cloudy No Junction Involv Rain Four-Way Intersect Snow T-Intersection	ion							
Tillegal Drugs Characteristics Charact	Defective	Sleet/Hail Y-Intersection School /Freezing Rain Circle/Roundabout								
O O O Unsate Speed O O O Uther Lights De	fective	Zone Fog/Smoke/Smog Five Point or More Yes Severe Cross Wind Interchange No Blowing Sand/Soil/Snow Ramp	- 1							
O O O Disregard Signal/Regulatory Sign O O O Window/Windsl	hield Defective eight Load	Rumble Surface Condition Road Character								
O O Improper Passing O O Insecure/Leaky O O O Improper Turning O O O Other (Explain i	re	Strips Ory Straight/Level Yes Wet Straight/Grade								
ICO CO CO CO Following Too Closely		○ No ○ Muddy ○ Straight/Hillcrest ○ Snow/Slush ○ Curve/Level								
Ran off Road Glare	ce Condition	Yes* Loose Material on Road Curve/Hillcrest No (Gravel etc.) Non-Roadway Crash								
Percentan's Action Shoulder Defect	urface tive	Back-up Water (Standing or Moving) Roadway Surface								
Jackkniffing		*If Yes Asphalt Concrete Construction Type Gravel								
Cell Phone Usage	bscured	Construction Type								
Narrative) Speed Too Fast for Weather Conditions Narrative) Missing/C Missing/C	noperative/ Obscured	Work on Shoulder Intermittent or Moving Work								
Weather Conditions Other (Explain in Narrative) O None Weather Conditions O Utility Work O Other (Explain i	n Narrative)	Traffic Control Devices ○ Officer/Crossing Guard/Flagman ○ Stop Sign								
		* RR Crossing Gate/Flagman Yield Sign * RR Crossing Flashing Signal Lane Control								
Total Estimate of all damage in the Crash: Under \$1000 \$2501-\$5000 \$10,001-\$25,000 \$50,001-\$10	00,000	○ RR Crossing Sign ○ No Passing Zone * ○ Traffic Control Signal ○ Other (Explain)								
\$1001-\$2500 \$5001-\$10,000 \$25,001-\$50,000 Over \$100,		* Flashing Signal in Narrative) None	- 1							
Other Property Damage (Include Carg	o) <u> </u>	*Traffic Control Device Operational? Yes No	_							
Name of Object State Yes Owner's Name and Address Property No										
(2) State Yes Owner's Name and Address Property No										
Witness/Other Participant	Non-Motor	otorist (Last Name, First Name, MI)								
Witness # (Last Name, First Name, MI)	Non-Motoris	Apparent Physical Condition Non-Motorist Action On designated non-motorists la	ne							
Other Participant Address etc.	Pedalcyclist Other	○ Normal ○ Not in roadway ○ On shoulder	IIIE							
Phone # Location at Time of Crash ,	Cited? Yes	Handicapped On roadway III With traffic	\dashv							
Witness # (Last Name, First Name, MI)	Direction	Asleep/Fatigued Drugs/Medication Unknown Against traffic Crossing at intersection Crossing not at intersection								
Other Participant Address etc.	Street/Highway	Moving Standing	一							
Phone # Location at Time of Crash	Traffic Control? Yes \(\) No	Fic If yes, was Working Getting in or out of a vehicle								

,

		•					Page of				
Type of Crash	Rear End Head On Rear to Rea	Opposite	ection Sideswipe Direction Sideswipe	001300796 — Right Angle — Left Turn — Right Turn	Other Non-Collision						
Diagram:	(Indicate No	orth by Arrow)			On the state of th		ACTION OF VACOURATION				
THE REAL PROPERTY OF THE PARTY						To the state of th	4.				
The state of the s						The state of the s	1				
		5 P P P P P P P P P P P P P P P P P P P			A						
WWW.			A 100 Miles								
TO A STATE OF THE		- 1	Apparatus de la constante de l	The state of the s	TO CANADA AND A CA	TRACTION DE LA CALLACTURA DE LA CALLACTU	THE STATE OF THE S				
And the state of t											
Name of the state							Table 1 mg				
				-	00-100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100						
	1		The second state of the se		AND THE PROPERTY OF THE PROPER	The state of the s	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
			A A A A A A A A A A A A A A A A A A A	-	And the state of t	1.0					
Narrative	<u> </u>		<u> </u>	<u>.</u>							
	·		· · · · · · · · · · · · · · · · · · ·								
			<u> </u>			· · · · · · · · · · · · · · · · · · ·					
			-								
ne Notified	AM Time Arrive	ed OAM Other Lo	cation of Investigation	on							
sisting Officer				ency		Investigation O Yes Complete? No	Photos O'Taken?				
sisting Officer			·	ency ·		Date of Report					
vestigating Offic	cer (printed)		ID No. Ag	ency		Reviewing Officer					

;

UNIT IN	IFORMAT	ION				i 1 84 100			11 3					Page		of
Local ID								Г	1	T T		T				
								0013	00796							
Dr# Driver's Name (Last, First, MI)						Safety Equipment Used Safety Equipment Effective? Not Financial										
Address (Street, City, State, Zip)							Helmet Ves Trap						Trapped			
, talling (0.1001) (1.17) (1.10)							Lap Belt Only Airbag Harness (Only) (No Restraint) Partially Ejected No Ejected						Ejected			
				0		Day	Year	Age		Airbag +	- -	O Not		○ Ti		d In Under
Driver's	s License	#	<u> </u>		rth c Type	CD	L Class	Lic State	Child Restraint	O Unknow	'n	Appli		Õΰ	nknow	/n [,]
					, ,				EMS No.	Seve	of Most S red	evere In		○ Chest		evere Injury
	nt Physic	al Status) Glasses/	Re/Contact Len	strictions	nnlov	er's Vehic	cle Only	D	Interr	r Burn		. (○ Neck ○ Eye		
	d Been D	rinking	Outside Daylight	Rearview Mi	rror 🔾 Sta	ate-Ov	vned Vehi uffeurs-Ta	cles Only	Driver Injury Status Fatal Injury	Abras	sion			○ Face ○ Head		
		" S	Automat	tic Transmis	sion Ō Po	wer S	Steering Restriction	•	Non-Fatal Injury Incapacitating	□ Sever	r Bleeding re Bleedin	ıg (Arteria	al) (→ Back → Shoul	lder/U	pper Arm
O Dr	sleep/Fatig ugs/Medic	ation 🤇	Motorcy	ment Only cle Only	○ Pr		on DWI on HTV		Non -Incapacitating	Conti	ure/Disloc usion/Brui	se		C Elbov	men/P	elvis
	nknown nder	Test Giv		Employmer			esults	Drug	Possible Injury Unknown	O Comp	Visible (Explain			Chip/O Ch	Lower	eg Leg/Foot
		O None O Alcohol	_ 7	O Blood O Urine		• — .		Positive	Refused If Cited?	IC Code	in Narr				Douy	
○ Fe	male	O Drug O Alcohol-		○ Breath ○ SFST	Certified Test	•		Negative	O Infraction							
	known	Refused	Torug	O PBT	Pendin	g 🔾	0	Pending	MisdemeanorFelony	IC Code						
Veh#	Color	Vehicle Y	ear Make)	Model	Name	9	Style	Initial Impact Area				Damaged	•	es)	
# Occu	pants	Lic Year	Licen	ise #		Lice	ense Stat	te	○ Undercarriage○ Trailer	000		○ Tra				<u> </u>
									○ None Language Annual Control of the Control of t			O No	ne known	Front		Rear
# Axles	Speed Lir	mit Insured I	Ву			Pho	ne Num	ber	Vehicle Use							
Registered Owner's Name (Last, First, MI) Same as Driver						Personal (Farm, Company) Ambulance* Prise Run? Commercial (Buses, Taxis, Military No										
						Common and Contract Carriers) Highway Department Fire?										
Address (Street, City, State, Zip)					School Public Utilities (Gas, Electric, etc) Yes Police* Other (Explain in Narrative) No											
									Vehicle Type			tiror (Expi				
-									Passenger Car/Station Wagon Tractor (Cab Only-No Trailer) Pickup Motor Home/Recreational Vehicle							
Towed	?	Towed To			Towed By				○ Van ○ Motorcycle ○ Sport Utility Vehicle ○ Bus/Seats 9-15 Persons including the driver ○ Truck (Single Unit 2 axle, 6 tires) ○ Bus/Seats 15+ Persons including the driver ○ Truck (Single Unit 3 or more axles) ○ School Bus							
Trl#		e Lic Year	Registere	ed Owner's N	ame (Last,	First,	MI) O	Same as		t 3 or more	axles)	School E Farm Ve	s 15+ rei: Bus hicle	sons inch	uung	the ariver
License	<u> </u>		Address	(Street, City	, State, Z	ip)		Driver	Tractor/One Semi	i Trailer	0	Combina	ation Vehic		ed)	
Veh Yea	r Make								Tractor/Double Trailers Unknown Type (not classified) Tractor/Triple Trailers Moped Pre-Crash Vehicle Action Turning Left Slowing or Stopped in Traffic							
Trl#	Lic State	Lic Year	Pagistara	ed Owner's N	omo /l aet	Eirot	MI) O	Samo aa	Going Straight Backing	\bigcirc N	laking U T lerging	Turn	O Un		Movir	ng Vehicle
		Lic i eai					IVII, O	Driver	Changing Lanes Overtaking/Passin	○ S	tarting in riving Lef		○ En	tering Tra aving Tra	affic L	ane 🕝
License			Address	(Street, City	, State, Z	ip)			Turning Right		rossing th					
Veh Yea	r Make					-			Direction of Travel	O North		_	Northeast Northwest			
Veh#		Comme	rcial Vehic	cle: Carrier'	Name ar	nd Ad	dress		Type of Primary/Sec	condary Ro	adway		10111111001		Juliiv	
		-							One Way Traffic One Lane	$\overline{\bigcirc}$	<u>Way Traffi</u> wo Lanes			_		<u> </u>
						Two Lanes Multi-Lanes (3 or	more) O M	lulti-Lane l	Undivided	3 or more 2 way left	turn Ċ		te Drive			
						If a Collision Crash	Fill in only	y one ova	al in this	d (3 or mo category						
HAZMAT Proper Shipping Name:							Another Motor Vehicle Pedestrian Deer Animal Other than Deer Fence									
US DOT# ICC# State DOT#							☐ Bicycle ☐ Animal Drawn Vehicle ☐ Mailbox ☐ Impact Attenuator/Crash Cushion ☐ Overhead Sign Post ☐ Tree									
Vehicle Identification # CMV Inspection? If CL1							Bridge Overhead Structure Light Support Curb Bridge Pier or Abutment Utility Pole Ditch									
Gross Vehicle Weight Reting (GVAVR) Grain, Chip, Grain, Chip,							Bridge Rail Embankment									
Rating (GVWR) Gravel, Coal Van/Enclosed Box Auto Transport Less than 10,000# Flatbed Cargo Tank Pole						Guardrail Face Other Post/Pole/or Support Guardrail End Wall/Building/Tunnel, etc Median Barrier Work Zone Maintenance Equip.										
O 10,	.001-26,000 .001# or m	Ď# Ŏ	Dump	Garba	ge/Refuse		Other (E	Explain in	in Highway Traffic Sign Post Other (Explain in Narrative)							
	AT () Y)	Bus AT O Y		ete Mixer AT 4-Digit	ID#		Varrative) Class #	Overturn/Rollover	r O Ja	ackknife			O F		m vehicle
Placaro		Release Cargo	AT OY	No .					Fire/Explosion Immersion) ()	argo/Equi ff Roadwa	pment Sh ay	ift or Loss	i		