



# INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23558 (Revised 5/03) Stock 302

Mail to:

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



001300796

Report  Original  Supplemental Page  of

Local ID

|                                 |             |   |        |          |                  |           |        |                       |        |
|---------------------------------|-------------|---|--------|----------|------------------|-----------|--------|-----------------------|--------|
| Date of Crash<br>Month Day Year | Day of Week | Actual Local Time<br><input type="radio"/> AM<br><input type="radio"/> PM | County | Township | # Motor Vehicles | # Injured | # Dead | # Commercial Vehicles | # Deer |
|---------------------------------|-------------|---|--------|----------|------------------|-----------|--------|-----------------------|--------|

|                        |   |  |           |  |   |
|------------------------|---|--|-----------|--|---|
| Road Crash Occurred On | Nearest/Intersecting Road/Mile Marker/Interchange | If not at an intersection, number of feet from | Direction | Road Class.<br><input type="radio"/> Interstate<br><input type="radio"/> US Road<br><input type="radio"/> State Road | <input type="radio"/> County Road<br><input type="radio"/> Local/City Road<br><input type="radio"/> Other |
|------------------------|---|--|-----------|--|---|

|  |                                |   |                |                 |
|--|--------------------------------|---|----------------|-----------------|
| Inside Corporate Limits?<br><input type="radio"/> Yes <input type="radio"/> No | City/Town or Nearest City/Town | Property?<br><input type="radio"/> Private <input type="radio"/> D N R<br><input type="radio"/> Other | Crash Latitude | Crash Longitude |
|--|--------------------------------|---|----------------|-----------------|

|           |           |           |           |
|-----------|-----------|-----------|-----------|
| Driver #1 | Driver #2 | Driver #3 | Driver #4 |
|-----------|-----------|-----------|-----------|

**Fill in only one Primary Cause for the crash**

| Fill in up to two ovals per vehicle for Driver Contributing Circumstances |                       |                       |                       |                       | Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Primary Cause   | Vehicle 1             | Vehicle 2             | Vehicle 3             | Vehicle 4             | Primary Cause   | Vehicle 1             | Vehicle 2             | Vehicle 3             | Vehicle 4             |
| <b>Driver Contributing Circumstance</b>                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <b>Vehicle Contributing Circumstance</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Alcoholic Beverages                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Engine Failure or Defective                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Illegal Drugs                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Accelerator or Failure or Defective                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Prescription Drugs                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Brake Failure or Defective                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Driver Asleep or Fatigued                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Tire Failure or Defective                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Driver Illness                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Headlights(s) Defective or Not On                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Unsafe Speed  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other Lights Defective  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Failure to Yield Right of Way                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Steering Failure  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Disregard Signal/Regulatory Sign                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Window/Windshield Defective                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Left of Center                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Oversize/Overweight Load                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Improper Passing                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Insecure/Leaky Load   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Improper Turning                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Tow Hitch Failure   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Improper Lane Usage                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other (Explain in Narrative)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Following Too Closely                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> None  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Unsafe Backing                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <b>Environment Contributing Circumstance</b>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Overcorrecting/Oversteering                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Glare   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Ran off Road  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Roadway Surface Condition                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Wrong Way on One Way                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Holes/Ruts in Surface   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Pedestrian's Action                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Shoulder Defective  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Passenger Distraction                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Road Under Construction                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Violation of License Restriction                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Severe Crosswinds   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Jackknifing   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Obstruction Not Marked  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Cell Phone Usage                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Lane Marking Obscured   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other Telematics in Use                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> View Obstructed   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Driver Distracted (Explain in Narrative)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Animal/Object in Roadway                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Speed Too Fast for Weather Conditions               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Traffic Control Inoperative/Missing/Obscured                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other (Explain in Narrative)                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Utility Work  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> None  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other (Explain in Narrative)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> None  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> None  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Total Estimate of all damage in the Crash:**

|                                     |                                       |   |  |
|-------------------------------------|---------------------------------------|---|--|
| <input type="radio"/> Under \$1000  | <input type="radio"/> \$2501-\$5000   | <input type="radio"/> \$10,001-\$25,000 | <input type="radio"/> \$50,001-\$100,000 |
| <input type="radio"/> \$1001-\$2500 | <input type="radio"/> \$5001-\$10,000 | <input type="radio"/> \$25,001-\$50,000 | <input type="radio"/> Over \$100,000     |

## Other Property Damage (Include Cargo)

|                    |  |                          |
|--------------------|--|--------------------------|
| Name of Object (1) | State <input type="radio"/> Yes <input type="radio"/> No | Owner's Name and Address |
| (2)                | State <input type="radio"/> Yes <input type="radio"/> No | Owner's Name and Address |

## Area Information: Fill in one oval per category

|  |  |  |
|--|--|--|
| <b>Hit and Run</b><br><input type="radio"/> Yes<br><input type="radio"/> No  | <b>Light Condition</b><br><input type="radio"/> Daylight<br><input type="radio"/> Dawn/Dusk<br><input type="radio"/> Dark (Lighted)<br><input type="radio"/> Dark (Not Lighted)<br><input type="radio"/> Unknown   | <b>Type of Median</b><br><input type="radio"/> Driveable<br><input type="radio"/> Curbed<br><input type="radio"/> Barrier Wall<br><input type="radio"/> None   |
| <b>Locality</b><br><input type="radio"/> Rural<br><input type="radio"/> Urban  | <b>Weather Conditions</b><br><input type="radio"/> Clear<br><input type="radio"/> Cloudy<br><input type="radio"/> Rain<br><input type="radio"/> Snow<br><input type="radio"/> Sleet/Hail<br><input type="radio"/> Freezing Rain<br><input type="radio"/> Fog/Smoke/Smog<br><input type="radio"/> Severe Cross Wind<br><input type="radio"/> Blowing Sand/Soil/Snow | <b>Type of Roadway Junction</b><br><input type="radio"/> No Junction Involved<br><input type="radio"/> Four-Way Intersection<br><input type="radio"/> T-Intersection<br><input type="radio"/> Y-Intersection<br><input type="radio"/> Circle/Roundabout<br><input type="radio"/> Five Point or More<br><input type="radio"/> Interchange<br><input type="radio"/> Ramp   |
| <b>School Zone</b><br><input type="radio"/> Yes<br><input type="radio"/> No  | <b>Surface Condition</b><br><input type="radio"/> Dry<br><input type="radio"/> Wet<br><input type="radio"/> Muddy<br><input type="radio"/> Snow/Slush<br><input type="radio"/> Ice<br><input type="radio"/> Loose Material on Road (Gravel etc.)<br><input type="radio"/> Water (Standing or Moving)   | <b>Road Character</b><br><input type="radio"/> Straight/Level<br><input type="radio"/> Straight/Grade<br><input type="radio"/> Straight/Hillcrest<br><input type="radio"/> Curve/Level<br><input type="radio"/> Curve/Grade<br><input type="radio"/> Curve/Hillcrest<br><input type="radio"/> Non-Roadway Crash  |
| <b>Rumble Strips</b><br><input type="radio"/> Yes<br><input type="radio"/> No  | <b>Construction</b><br><input type="radio"/> Yes*<br><input type="radio"/> No<br><input type="radio"/> Back-up   | <b>Roadway Surface</b><br><input type="radio"/> Asphalt<br><input type="radio"/> Concrete<br><input type="radio"/> Gravel<br><input type="radio"/> Other   |
| <b>Construction Type</b><br><input type="radio"/> Lane Closure<br><input type="radio"/> X-Over/Lane Shift<br><input type="radio"/> Work on Shoulder<br><input type="radio"/> Intermittent or Moving Work | <b>Was this crash a result of aggressive driving?</b><br><input type="radio"/> Yes<br><input type="radio"/> No   | <b>Traffic Control Devices</b><br><input type="radio"/> Officer/Crossing Guard/Flagman<br><input type="radio"/> RR Crossing Gate/Flagman<br><input type="radio"/> RR Crossing Flashing Signal<br><input type="radio"/> RR Crossing Sign<br><input type="radio"/> Traffic Control Signal<br><input type="radio"/> Flashing Signal<br><input type="radio"/> Stop Sign<br><input type="radio"/> Yield Sign<br><input type="radio"/> Lane Control<br><input type="radio"/> No Passing Zone<br><input type="radio"/> Other (Explain in Narrative)<br><input type="radio"/> None |
| <b>*Traffic Control Device Operational?</b> <input type="radio"/> Yes <input type="radio"/> No   |  |  |

## Witness/Other Participant

|   |                           |                             |
|---|---------------------------|-----------------------------|
| <input type="radio"/> Witness           | #                         | (Last Name, First Name, MI) |
| <input type="radio"/> Other Participant |                           |                             |
| Address etc.                            |                           |                             |
| Phone #                                 | Location at Time of Crash |                             |
| <input type="radio"/> Witness           | #                         | (Last Name, First Name, MI) |
| <input type="radio"/> Other Participant |                           |                             |
| Address etc.                            |                           |                             |
| Phone #                                 | Location at Time of Crash |                             |

## Non-Motorist (Last Name, First Name, MI)

|  |   |  |
|--|---|--|
| <b>Non-Motorist</b><br><input type="radio"/> Pedestrian<br><input type="radio"/> Pedalcyclist<br><input type="radio"/> Other | <b>Apparent Physical Condition</b><br><input type="radio"/> Normal<br><input type="radio"/> Had Been Drinking<br><input type="radio"/> Handicapped<br><input type="radio"/> Ill<br><input type="radio"/> Asleep/Fatigued<br><input type="radio"/> Drugs/Medication<br><input type="radio"/> Unknown | <b>Non-Motorist Action</b><br><input type="radio"/> On designated non-motorists lane<br><input type="radio"/> Not in roadway<br><input type="radio"/> On shoulder<br><input type="radio"/> On roadway<br><input type="radio"/> With traffic<br><input type="radio"/> Against traffic<br><input type="radio"/> Crossing at intersection<br><input type="radio"/> Crossing not at intersection |
| Cited? <input type="radio"/> Yes <input type="radio"/> No  | Direction   | <input type="radio"/> Moving<br><input type="radio"/> Standing<br><input type="radio"/> Working<br><input type="radio"/> Getting in or out of a vehicle<br><input type="radio"/> Getting off or on a school bus<br><input type="radio"/> Other (Explain in Narrative)  |
| Street/Highway   | <b>Traffic Control?</b><br><input type="radio"/> Yes <input type="radio"/> No   | <b>If yes, was traffic control operational?</b><br><input type="radio"/> Yes <input type="radio"/> No  |



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**Type of Crash**

- Rear End
- Head On
- Rear to Rear

- Same Direction Sideswipe
- Opposite Direction Sideswipe
- Ran off Road

- Right Angle
- Left Turn
- Right Turn

- Backing Crash
- Other
- Non-Collision



**Diagram: (Indicate North by Arrow)**

**Narrative:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |   |                                 |   |   |
|--|---|---------------------------------|---|---|
| Time Notified <input type="radio"/> AM<br><input type="radio"/> PM | Time Arrived <input type="radio"/> AM<br><input type="radio"/> PM | Other Location of Investigation |   |   |
| Assisting Officer  | ID No.  | Agency                          | Investigation Complete? <input type="radio"/> Yes<br><input type="radio"/> No | Photos Taken? <input type="radio"/> Yes<br><input type="radio"/> No |
| Assisting Officer  | ID No.  | Agency                          | Date of Report  |   |
| Investigating Officer (printed)                                    | ID No.  | Agency                          | Reviewing Officer   |   |

UNIT INFORMATION

Local ID



001300795

Form containing various sections: Driver's Name, Address, License, Physical Status, Safety Equipment Used, Driver Injury Status, Vehicle Information, Commercial Vehicle, and HAZMAT details.