### INDIANA OFFICER'S STANDARD CRASH REPORT

**State Form: 23568 (Revised 5/03) Stock 302**

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

**Date of Crash**
- Month: Day: Year
- Day of Week: Actual Local Time: AM

**County**
- Township: # Motor Vehicles: # Injured: # Dead: # Commercial Vehicles: # Delter:

**Road Crash Occurred On**
- Nearest/Intersecting Road/Mile Markers/Interchange: Direction: Speed Limit:

**Inside Corporate Limits?**
- City/Town or Nearest City/Town: Property?: D N P.

**Driver #1**

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

<table>
<thead>
<tr>
<th>Driver Contributing Circumstance</th>
<th>Vehicle Contributing Circumstance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic Beverages</td>
<td>Engine Failure or Defective</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>Accelerator or Failure or Defective</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Brakes Failure or Defective</td>
</tr>
<tr>
<td>Driven Asleep or Fatigued</td>
<td>Tires Failure or Defective</td>
</tr>
<tr>
<td>Driven Illness</td>
<td>Headlight(s) Failure or Not On</td>
</tr>
<tr>
<td>Unsafe Speed</td>
<td>Other Lights Defective</td>
</tr>
<tr>
<td>Failure to Yield Right of Way</td>
<td>Steer/Steering Failure</td>
</tr>
<tr>
<td>Disregard Signals/Regulatory Sign</td>
<td>Window/Windshield Defective</td>
</tr>
<tr>
<td>Left of Center</td>
<td>Over-size/Over-weight Load</td>
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<tr>
<td>Improper Passing</td>
<td>Insecure/Leaky Load</td>
</tr>
<tr>
<td>Improper Turning</td>
<td>Tow Hitch Failure</td>
</tr>
<tr>
<td>Improper Use of Lane</td>
<td>Other (Explain in Narrative)</td>
</tr>
<tr>
<td>Following Too Closely</td>
<td>None</td>
</tr>
<tr>
<td>Unsafe Backing</td>
<td></td>
</tr>
<tr>
<td>Overcorrecting/Oversteering</td>
<td></td>
</tr>
<tr>
<td>Run off Road</td>
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<tr>
<td>Wrong Way on One Way</td>
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</tr>
<tr>
<td>Pedestrian's Action</td>
<td></td>
</tr>
<tr>
<td>Passenger Distraction</td>
<td></td>
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<tr>
<td>Violation of License Restriction</td>
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<tr>
<td>Jackknifing</td>
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<tr>
<td>Call Phone Usage</td>
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<tr>
<td>Other Telematics in Use</td>
<td></td>
</tr>
<tr>
<td>Driver Distracted/Explain in Narrative</td>
<td></td>
</tr>
<tr>
<td>Speed Too Fast for Traffic</td>
<td></td>
</tr>
<tr>
<td>Weather Conditions</td>
<td></td>
</tr>
<tr>
<td>Other (Explain in Narrative)</td>
<td></td>
</tr>
</tbody>
</table>

**Environment Contributing Circumstance**
- Sharp Roadway Surface Condition
- Holes/Ruts in Surface
- Shoulder Defective
- Road Under Construction
- Severe Crosswinds
- Obstruction Not Marked
- Lane Marking Obscured
- View Obstructed
- Animal/Object in Roadway
- Traffic Control Inoperative/Missing/Obscured
- Utility Work
- Other (Explain in Narrative)

**Total Estimate of all damage in the Crash:**
- $1000
- $2501-$5000
- $10,001-$25,000
- $50,001-$100,000
- $25,001-$50,000
- Over $100,000

**Other Property Damage (Include Cargo)**
- Name of Object (1): State: Yes
- Property: No
- Owner's Name and Address: (Last Name, First Name, MI)

- Name of Object (2): State: Yes
- Property: No
- Owner's Name and Address: (Last Name, First Name, MI)

**Witness/Other Participant**
- Witness: Phone # Location at Time of Crash
- Other Participant: Phone # Location at Time of Crash

**Non-Motorist**
- Last Name, First Name, MI
- Non-Motorist: Pedestrian
- Physical Condition: Normal
- Had Been Drinking: Yes

**Apparent Physical Condition**
- Yes
- No
- Direction:
- Street/Highway:

**Traffic Control?**
- If yes, was traffic control operational? Yes

**Non-Motorist Action**
- On designated non-motorists lane: Yes
- On shoulder: Yes
- On roadway: Yes
- With traffic: Yes
- Against traffic: Yes
- Crossing at intersection: Yes
- Crossing not at intersection: Yes
- Getting in or out of a vehicle: Yes
- Other: Yes

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**Report**
- Original
- Supplemental
- Page of

**Local ID**
- 001300796

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**Area Information: Fill in one oval per category**

| Hit and Run Light Condition Type of Median |
|-------------------------------------------|------------------------------------------|
| Yes                                       | Daylight: Driveable                       |
| No                                        | Dawn/Dusk: Curved                        |
| Yes                                       | Dark (Lighted): Barrier Wall             |
| No                                        | Dark (Not Lighted): None                 |

| Locality Weather Conditions Type of Roadway Junction |
|-----------------------------------------------------|-----------------------------------------------|
| Rural                                                | Clear                                         |
| Urban                                                | Cloudy                                        |
| Rain                                                 | No Junction Involved                          |
| Snow                                                 | Four-Way Intersection                         |
| Sleet/Hail                                           | Y-Intersection                               |
| Freezing Rain                                        | CIRCLE/ROUNDABOUT                             |
| Fog/Smoke/Smog                                       | Five Point or More                           |
| Severe Cross Wind                                    | Interchange                                   |
| Blowing Sand/Soil/Snow                               | Ramp                                          |

**Rumble Strips**
- Dry: Straight/Level
- Wet: Straight/Grade
- Muddy: Straight/Hi-level
- Snow/Slush: Curve-Level
- Curves: Curve/Grade
- Non-Roadway Crash: Curve/Hi-level

**Construction**
- Yes* Loose Material on Road/Gravel etc.
- No: Non-Roadway Crash

**Back-up**
- Water (Standing or Moving)

**Roadway Surface**
- Asphalt: Non-Roadway Crash
- Concrete: Non-Roadway Crash
- Gravel: Non-Roadway Crash
- Other: Non-Roadway Crash

**If Yes Construction Type**
- Lane Closure: Non-Roadway Crash
- X-Over/Lane Shift: Non-Roadway Crash
- Work on Shoulder: Non-Roadway Crash
- Intermittent or Moving Work: Non-Roadway Crash

**Traffic Control Devices**
- Officer/Crossing Guard/Flagman: Stop Sign
- Pedestrians: Yield Sign
- RR Crossing Gate/Flagman: Lane Control
- RR Crossing Flashing Signal: No Passing Zone
- RR Crossing Sign: Other (Explain in Narrative)
- Traffic Control Signal: Non-Roadway Crash
- Flashing Signal: Non-Roadway Crash
- Other: Non-Roadway Crash

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(continued)
### Type of Crash

- Rear End
- Same Direction Sideswipe
- Rear to Rear
- Head On
- Opposite Direction Sideswipe
- Ran off Road
- Right Angle
- Left Turn
- Non-Collision
- Left/Right Turn
- Other

### Diagram

(Indicate North by Arrow)

### Narrative


### Time Notified

- AM
- PM

### Time Arrived

- AM
- PM

### Other Location of Investigation


### Assisting Officer

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Agency</th>
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### Investigating Officer (printed)

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### Investigation Complete?

- Yes
- No

### Photos Taken?

- Yes
- No

### Date of Report


### Reviewing Officer