



# INDIANA OFFICER'S STANDARD CRASH REPORT

Mail to: **Electronic Version**

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

Local ID: 123456

Date of Crash 06/30/2006	Day of Week Fri	Actual Local Time 2:20 PM	County MORGAN	Township WASHINGTON	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On OLIO RD			Nearest/Intersecting Road/MileMarker/Interchange MAIN ST		If not an intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? NO	City/Town or Nearest City/Town MARTINSVILLE			Property? OTHER	Crash Latitude		Crash Longitude		
Driver #1 SMITH, ERIC, W		Driver #2 WHITE, VICTORIA		Driver #3		Driver #4			

<b>Driver Contributing Circumstances</b> <input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input checked="" type="checkbox"/> Failure to Yield <input checked="" type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Other <input checked="" type="checkbox"/> None					<b>Vehicle Contributing Circumstances</b> <input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input checked="" type="checkbox"/> None					<b>Environment Contributing Circumstances</b> <input type="checkbox"/> Primary Cause <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure <input type="checkbox"/> Utility Work <input type="checkbox"/> Other <input checked="" type="checkbox"/> None					<b>Area Information</b> Hit and Run: NO School Zone: NO Rumble Strips: NO Locality: RURAL Light Condition: DAYLIGHT Weather Conditions: CLEAR Surface Condition: DRY Type of Median: NONE Type of Roadway Junction: FOUR-WAY INTERSECTION Road Character: STRAIGHT/LEVEL Roadway Surface: ASPHALT Construction: NO If Yes, Construction Type: Traffic Control Devices: STOP SIGN Traffic Control Device Operational?: NA				
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---	--	--	--	--

Total Estimate of all damage in the Crash:  
\$10001 TO \$25000

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

<b>Witness/Other Participant</b>			<b>Non-Motorist</b>		
<input type="checkbox"/> Witness #	(Last Name, First Name, MI)		(Last Name, First Name, MI)		
<input type="checkbox"/> Other Participant			Non-Motorist Type		Non-Motorist Action
Address etc.			Apparent Physical Condition		
Phone #	Location at Time of Crash		Cited?	Direction	
<input type="checkbox"/> Witness #	(Last Name, First Name, MI)		Street/Highway		
<input type="checkbox"/> Other Participant			Traffic Control? If yes, was traffic control operational?		
Address etc.					
Phone #	Location at Time of Crash				

Local ID

123456

**Type of  
Crash**

RIGHT ANGLE

Time Notified 2:25 PM	Time Arrived 2:41 PM	Other Location of Investigation AT SCENE ONLY		
Assisting Officer	ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer	ID No.	Agency	Date of Report 06/30/2004	
Investigating Officer SMITH, T	ID No. 1095	Agency MARTINSVILLE PD	Reviewing Officer MWALTERS	

**Narrative**

DRIVER 1 ADVISED HE HAD STOPPED AT OLIO ROAD EASTBOUND ON MAIN AT THE STOP SIGN. DRIVER 1 ADVISED THAT HE THOUGHT THE INTERSECTION WHICH IS A TWO WAY STOP FOR MAIN STREET ONLY WAS A FOUR WAY STOP. DRIVER 1 ADVISED THAT HE BEGAN TO CROSS THE INTERSECTION WHEN HE SAW VEHICLE 2 IN FRONT OF HIM. DRIVER 2 ADVISED THAT SHE WAS NORTHBOUND ON OLIO ROAD WHEN VEHICLE 1 PULLED FROM MAIN STREET STRIKING HER VEHICLE. THE FRONT OF VEHICLE 1 STRUCK THE DRIVERS SIDE REAR AT THE REAR TIRE OF VEHICLE 2 CAUSING IT TO ROTATE COUNTERCLOCKWISE.

**UNIT INFORMATION**

Local ID  
123456

1 Driver's Name (Last, First, MI) SMITH, ERIC, W				Safety Equipment Used LAP + HARNESS																					
Address (Street, City, State, Zip) 1234 N 1ST ST				Safety Equipment Effective? YES																					
INDPLS IN 46256				Ejection/Trapped NOT EJECTED OR TRAPPED																					
Date of Birth 07/17/1964		Age 41		Gender MALE		EMS No.																			
Driver's License # 123456789		Lic Type OP	CDL Class	Lic State IN	Driver Injury Status																				
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment				Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None																			
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT																							
Alcohol Results PBT Certified Test <input type="checkbox"/> Pending				Drug Results																					
Veh# 1		Color BLUE	Vehicle Year 1994	Make CHEVROLET	Model CAMARO	Style 2D	Initial Impact Area																		
# Occupants 1		Lic Year 2004	License # IU1234		License State IN		<table style="width:100%; text-align: center;"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Rear</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear																					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
# Axles 2	Speed Limit 30	Insured By PROGRESSIVE		Phone Number 8005551212		<table style="width:100%; text-align: center;"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Rear</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear																					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Registered Owner's Name (Last, First, MI) SMITH, ERIC, W				<input type="checkbox"/> Same as Driver																					
Address (Street, City, State, Zip) 1234 N 1ST ST				Areas Damaged (Multiples)																					
INDPLS IN 46256				<table style="width:100%; text-align: center;"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Rear</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear																					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Towed? NO	Towed To		Towed By																						
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)																			
License#		Address (Street, City, State, Zip)																							
Veh Year	Make	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Emergency Run? <input type="checkbox"/> Fire? <input type="checkbox"/> NO																			
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Vehicle Type PASSENGER CAR/STATION WAGON																			
License#		Address (Street, City, State, Zip)																							
Veh Year	Make	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Pre-Crash Vehicle Action GOING STRAIGHT																			
Veh Year	Make	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Direction of Travel EAST																			
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway																					
				<table style="width:100%;"> <tr> <td colspan="2">One Way Traffic</td> <td colspan="2">Two Way Traffic</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> One Lane</td> <td><input type="checkbox"/> Two Lanes</td> <td><input checked="" type="checkbox"/> Two Lanes</td> <td><input type="checkbox"/> Multi-Lane Divided (3 or more)</td> <td><input type="checkbox"/> Private Drive</td> <td><input type="checkbox"/> Alley</td> </tr> <tr> <td><input type="checkbox"/> Multi-Lanes (3 or more)</td> <td><input type="checkbox"/> Multi-Lane Undivided 2 way left turn</td> <td><input type="checkbox"/> Multi-Lane Undivided (3 or more)</td> <td colspan="3"></td> </tr> </table>				One Way Traffic		Two Way Traffic				<input type="checkbox"/> One Lane	<input type="checkbox"/> Two Lanes	<input checked="" type="checkbox"/> Two Lanes	<input type="checkbox"/> Multi-Lane Divided (3 or more)	<input type="checkbox"/> Private Drive	<input type="checkbox"/> Alley	<input type="checkbox"/> Multi-Lanes (3 or more)	<input type="checkbox"/> Multi-Lane Undivided 2 way left turn	<input type="checkbox"/> Multi-Lane Undivided (3 or more)			
One Way Traffic		Two Way Traffic																							
<input type="checkbox"/> One Lane	<input type="checkbox"/> Two Lanes	<input checked="" type="checkbox"/> Two Lanes	<input type="checkbox"/> Multi-Lane Divided (3 or more)	<input type="checkbox"/> Private Drive	<input type="checkbox"/> Alley																				
<input type="checkbox"/> Multi-Lanes (3 or more)	<input type="checkbox"/> Multi-Lane Undivided 2 way left turn	<input type="checkbox"/> Multi-Lane Undivided (3 or more)																							
HAZMAT Proper Shipping Name:				Collision Crash ANOTHER MOTOR VEHICLE																					
US DOT#		ICC#		State DOT#		Non-Collision Crash																			
Vehicle Identification#			CMV Inspection	If Yes																					
Gross Vehicle Weight Rating		Cargo Body Type																							
HAZMAT Placard	HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	Hazard Class #																					

**UNIT INFORMATION**

Local ID  
123456

Driver's Name (Last, First, MI) 2 WHITE, VICTORIA				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) 13679 E 4TH ST				Safety Equipment Effective? YES			
NOBLESVILLE IN 46060				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 01/21/1964		Age 42		Gender FEMALE		EMS No.	
Driver's License # 8910321839		Lic Type OP	CDL Class	Lic State IN	Driver Injury Status		
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown				Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment			
Test Given NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT				Nature of Most Severe Injury  Location of Most Severe Injury  If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony			
Alcohol Results PBT Certified Test <input type="checkbox"/> Pending				Drug Results			
Veh# 2		Color WHITE		Vehicle Year 2002		Make CHEVROLET	
Model MALIBU		Style 4D		# Occupants 1		Lic Year 2004	
License # IU3456		License State IN		# Axles 2		Speed Limit 30	
Insured By ERIE		Phone Number 8005551212		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Registered Owner's Name (Last, First, MI) D L SHEETS TRUST Address (Street, City, State, Zip) 2250 E 6TH ST INDPLS IN 46240				Areas Damaged (Multiples) <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Towed? NO Towed To  Towed By  Lic State  Lic Year  Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY) Emergency Run?  Fire? NO			
License#  Address (Street, City, State, Zip)  Veh Year  Make  Lic State  Lic Year  Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Vehicle Type PASSENGER CAR/STATION WAGON Pre-Crash Vehicle Action GOING STRAIGHT Direction of Travel NORTH			
License#  Address (Street, City, State, Zip)  Veh Year  Make  Commercial Vehicle: Carrier's Name and Address  HAZMAT Proper Shipping Name:				Type of Primary/Secondary Roadway One Way Traffic <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more)			
US DOT#  ICC#  State DOT#  Vehicle Identification#  CMV Inspection  If Yes				Two Way Traffic <input checked="" type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)			
Gross Vehicle Weight Rating  Cargo Body Type				Collision Crash ANOTHER MOTOR VEHICLE Non-Collision Crash			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

