### INDIANA OFFICER'S STANDARD CRASH REPORT

#### Driver Contributing Circumstances

- **Alcohol**: [ ]
- **Illegal Drugs**: [ ]
- **Prescription Drugs**: [ ]
- **Driver Asleep or Fatigued**: [ ]
- **Driver Illness**: [ ]
- **Unsafe Speed**: [ ]
- **Failure to Yield**: [ ]
- **Disregard Signal**: [ ]
- **Left of Center**: [ ]
- **Improper Passing**: [ ]
- **Improper Turning**: [ ]
- **Improper Lane Usage**: [ ]
- **Following Too Closely**: [ ]
- **Unsafe Backing**: [ ]
- **Overcorrecting**: [ ]
- **Ran off Road**: [ ]
- **Wrong Way on One Way**: [ ]
- **Pedestrian's Action**: [ ]
- **Passenger Distraction**: [ ]
- **Other Telematics**: [ ]
- **Driver Distracted**: [ ]
- **Speed/Weather Conditions**: [ ]
- **None**: [ ]

#### Vehicle Contributing Circumstances

- **Engine Failure or Defective**: [ ]
- **Accelerator Failure or Defective**: [ ]
- **Brake Failure or Defective**: [ ]
- **Tire Failure or Defective**: [ ]
- **Headlight(s) Defective or Not On**: [ ]
- **Other Lights Defective**: [ ]
- **Steering Failure**: [ ]
- **Window/Windshield Defective**: [ ]
- **Oversize/Overweight Load**: [ ]
- **Insecure/Leaky Load**: [ ]
- **Tow Hitch Failure**: [ ]
- **Other**: [ ]
- **None**: [ ]

#### Environment Contributing Circumstances

- **Glare**: [ ]
- **Roadway Surface**: [ ]
- **Holes/Ruts in Surface**: [ ]
- **Shoulder Defective**: [ ]
- **Road Under Construction**: [ ]
- **Severe Crosswinds**: [ ]
- **Obstruction Not Marked**: [ ]
- **Lane Marking Obscured**: [ ]
- **View Obstructed**: [ ]
- **Animal/Object in Roadway**: [ ]
- **Traffic Ctl Inop/Missing/Obscure**: [ ]
- **Utility Work**: [ ]
- **Traffic Control Devices**: [ ]
- **Traffic Control Device Operational?**: [ ]

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

**Hit and Run**: [ ]
**School Zone**: [ ]
**Rumble Strips**: [ ]
**Locality**: [ ]
**Light Condition**: [ ]
**Weather Conditions**: [ ]
**Surface Condition**: [ ]
**Type of Median**: [ ]
**Type of Roadway Junction**: [ ]
**Road Character**: [ ]
**Roadway Surface**: [ ]
**Construction**: [ ]
**If Yes, Construction Type**: [ ]
**Traffic Control Devices**: [ ]
**Traffic Control Device Operational?**: [ ]

#### 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**: [ ]

#### Area Information

- **Hit and Run**: [ ]
- **School Zone**: [ ]
- **Rumble Strips**: [ ]
- **Locality**: [ ]
- **Light Condition**: [ ]
- **Weather Conditions**: [ ]
- **Surface Condition**: [ ]
- **Type of Median**: [ ]
- **Type of Roadway Junction**: [ ]
- **Road Character**: [ ]
- **Roadway Surface**: [ ]
- **Construction**: [ ]
- **If Yes, Construction Type**: [ ]
- **Traffic Control Devices**: [ ]
- **Traffic Control Device Operational?**: [ ]
<table>
<thead>
<tr>
<th>Time Notified</th>
<th>Time Arrived</th>
<th>Other Location of Investigation</th>
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<tbody>
<tr>
<td>M</td>
<td>M</td>
<td>AT SCENE ONLY</td>
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<thead>
<tr>
<th>Assisting Officer</th>
<th>ID No.</th>
<th>Agency</th>
<th>Investigation Complete?</th>
<th>Photos Taken?</th>
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<tbody>
<tr>
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<td>NO</td>
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<th>ID No.</th>
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<th>Date of Report</th>
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<th>Investigating Officer</th>
<th>ID No.</th>
<th>Agency</th>
<th>Reviewing Officer</th>
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Narrative
## UNIT INFORMATION

### Local ID

### Driver’s Name (Last, First, MI)

### Address (Street, City, State, Zip)

### Driver’s License #

### Apparent Physical Status
- Normal
- Had Been Drinking
- Handicapped
- Ill
- Asleep/Fatigued
- Drugs/Medication
- Unknown

### Restrictions
- Glasses/Contact Lenses
- Outside Rearview Mirror
- Daylight Driving
- Automatic Transmission
- Special Controls
- Employment Only
- Motorcycle Only
- To/From Employment

### Had Been Drinking
- False
- True

### Handicapped
- False
- True

### Ill
- False
- True

### Asleep/Fatigued
- False
- True

### Drugs/Medication
- False
- True

### Unknown
- False
- True

### Test Given
- Blood
- Urine
- Breath
- SFST
- PBT

### Alcohol Results
- PBT

### Drug Results
- SFST

### Veh #

### Color

### Vehicle Year

### Make

### Model

### Style

### # Occupants

### License #

### License State

### # Axles

### Speed Limit

### Insured By

### Registered Owner’s Name (Last, First, MI)

### Address (Street, City, State, Zip)

### Same as Driver

### Towed?

### Towed To

### Towed By

### Vehicle Use
- Emergency Run?
- Fire?

### Type of Primary/Secondary Roadway
- One Way Traffic
- Two Way Traffic

### Type of Primary
- One Lane
- Two Lanes
- Private Drive

### Type of Secondary
- Two Lanes
- Multi-Lane Divided (3 or more)
- Alley

### Type of Primary/Secondary
- Multi-Lanes (3 or more)
- Multi-Lane Undivided 2 way left turn
- Multi-Lane Undivided (3 or more)

### Commercial Vehicle: Carrier’s Name and Address

### HAZMAT Proper Shipping Name:

### US DOT#

### ICC#

### State DOT#

### Collision Crash

### Vehicle Identification#

### CMV Inspection

### If Yes

### Gross Vehicle Weight Rating

### Cargo Body Type

### Non-Collision Crash

### HAZMAT Placard

### HAZMAT Release of Cargo

### HAZMAT 4-Digit ID#

### Hazzard Class #