



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

| | | | | | | | | | |
|--------------------------|--------------------------------|-------------------|--------------------------------------------------|-----------|---------------------------------------------|-----------|---------------------|-----------------------|--------|
| Date of Crash | Day of Week | Actual Local Time | County | Township | # Motor Vehicles | # Injured | # Dead | # Commercial Vehicles | # Deer |
| Road Crash Occurred On | | | Nearest/Intersecting Road/MileMarker/Interchange | | If not an intersection, number of feet from | Direction | Road Classification | | |
| Inside Corporate Limits? | City/Town or Nearest City/Town | | | Property? | Crash Latitude | | Crash Longitude | | |
| Driver #1 | | | Driver #2 | | Driver #3 | | Driver #4 | | |

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| Driver Contributing Circumstances <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input 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 type="checkbox"/> None | | | | | Vehicle Contributing Circumstances <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 type="checkbox"/> None | | | | | Environment Contributing Circumstances <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 type="checkbox"/> None | | | | | Area Information <input type="checkbox"/> Hit and Run <input type="checkbox"/> School Zone <input type="checkbox"/> Rumble Strips <input type="checkbox"/> Locality <input type="checkbox"/> Light Condition <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Surface Condition <input type="checkbox"/> Type of Median <input type="checkbox"/> Type of Roadway Junction <input type="checkbox"/> Road Character <input type="checkbox"/> Roadway Surface <input type="checkbox"/> Construction <input type="checkbox"/> If Yes, Construction Type <input type="checkbox"/> Traffic Control Devices <input type="checkbox"/> Traffic Control Device Operational? | | | | |
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Total Estimate of all damage in the Crash: \$ _____

Was this crash the result of aggressive driving? Yes No

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

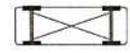
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------|--|--|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

Sample

NOT TO SCALE

Not To Scale

a 4 5
b 4



Sample