INDIANA OFFICER'S STANDARD CRASH REPORT

State Form 23558(R3/7-91) Stock 302

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

OFFICE USE ONLY

Crash I.D. No.

1 Prim. V1 V1 V2 V2

LOCATION

Date of Crash (MONTH / DAY / YEAR) | Day of Week | Actual Local Time ☐ AM ☐ PM | No. Motor Vehicles | No. Injured | No. Dead | No. Trailers

County | Township | City/Town or Nearest City/Town

Inside Corporate Limits? ☐ Yes ☐ No | Property? ☐ Private ☐ DNR ☐ Other | Distance and Direction From Corporate Limits: _____ Miles North _____ Miles South _____ Miles East _____ Miles West

2. V1 V2

Road Crash Occurred On | Intersecting Road/Mile Marker/Interchange

If not at Intersection, number of feet from | Direction | Nearest Intersecting Road/Mile Marker/Interchange

DRIVER 1

3. V1 V1 V1 V2 V2 V2

Driver's Name (Last, First, MI)

Address (Street, City, State, Zip)

Apparent Phys Stat (enter no.) | Sex | Date of Birth (MONTH / DAY / YEAR) | Arrested? ☐ Yes ☐ No

Driver's License No | Lic. Type | Lic. St | Restr

VEHICLE 1

Color | Veh. Yr | Make | Model Name

Veh. Type (enter no.) | Lic. Yr | License No | Lic. State

4. V1 V1 V2 V2

Veh. Use (enter no.) | Speed Limit | Fuel Tax No

Direction of Travel | No. Occupants | Fire? ☐ Yes ☐ No | No. Axles | Transporting Hazardous Mat ☐ Yes ☐ No

Towed To | Towed By

5. V1 V2

Registered Owner's Name (Last, First, MI)

Address (Street, City, State, Zip)

TRAILER 1

6.

Registered Owner's Name (Last, First, MI)

Address (Street, City, State, Zip)

License No | Make | Year | Lic. St | Lic. Yr

DRIVER 2

7.

Driver's Name (Last, First, MI)

Address (Street, City, State, Zip)

Apparent Phys Stat (enter no.) | Sex | Date of Birth (MONTH / DAY / YEAR) | Arrested? ☐ Yes ☐ No

Driver's License No | Lic. Type | Lic. St | Restr

VEHICLE 2

8.

Color | Veh. Yr | Make | Model Name

Veh. Type (enter no.) | Lic. Yr | License No | Lic. State

Veh. Use (enter no.) | Speed Limit | Fuel Tax No

Direction of Travel | No. Occupants | Fire? ☐ Yes ☐ No | No. Axles | Transporting Hazardous Mat ☐ Yes ☐ No

Towed To | Towed By

Registered Owner's Name (Last, First, MI)

Address (Street, City, State, Zip)

TRAILER 2

9.

Registered Owner's Name (Last, First, MI)

Address (Street, City, State, Zip)

License No | Make | Year | Lic. St | Lic. Yr

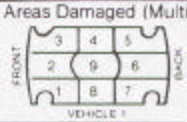
DAMAGE

10. 11. 12.

INITIAL IMPACT: V1 V2

DAMAGE EST: V1 V2

Areas Damaged (Multiples)



10 - Undercarriage
11 - Trailer
12 - None

OTHER PROPERTY (INCLUDE CARGO)

Name of Object	OWNER'S NAME AND ADDRESS	Damage Est (use chart)

PEDESTRIAN

15. 15A

Direction | Street/Highway | Arrested? ☐ Yes ☐ No | Apparent Phys Stat (enter no.)

What was pedestrian doing before crash? | Enter No

1 Not in roadway
2 Standing in roadway
3 Playing in roadway
4 Pushing or working on vehicle
5 Other working in roadway
6 Walking in roadway with traffic
7 Walking in roadway against traffic
8 Getting on or off vehicle
9 Getting on or off school bus
10 Crossing or entering not at intersection
11 Crossing or entering at intersection
12 Other

Pedestrian Traffic Control?* ☐ Yes ☐ No

16	17	18	18A	19	20	21	22	23	24	25	26	27	28	29
					DRIVER OF VEHICLE 1 (as listed above)									
					DRIVER OF VEHICLE 2 (as listed above)									