



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
V2
2. V1
V2
3. V1
V1
V1
V2
V2
V2
4. V1
V1
V2
V2
5. V1
V2
6.

7.
8.
9.
10.
11.
12.
13.
14.
15.
15A.

LOCATION	Date of Crash MONTH DAY YEAR	Day of Week	Actual Local Time <input type="checkbox"/> AM <input type="checkbox"/> PM	No Motor Vehicles	No Injured	No Dead	No Trailers
	County	Township	City/Town or Nearest City/Town				
	Inside Corporate Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property? <input type="checkbox"/> Private <input type="checkbox"/> Other	Distance and Direction From Corporate Limits _____ Miles North _____ Miles South _____ Miles East _____ Miles West				
	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	Driver's Name (Last, First, MI)							
	Address (Street, City, State, Zip)							
	Apparent Phys Stat (enter no)	Sex	Date of Birth MONTH DAY YEAR	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Driver's License No			Lic Type	Lic St	Restr		
	Color	Veh Yr	Make	Model Name				
	Veh Type (enter no)	Lic Yr	License No	Lic State				
VEHICLE 1	Veh Use (enter no)	Speed Limit	Fuel Tax No					
	Direction of Travel	No Occupants	Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Axles	Transporting Hazardous Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Towed To		Towed By					
	Registered Owner's Name (Last, First, MI)							
	Address (Street, City, State, Zip)							
	Registered Owner's Name (Last, First, MI)							
TRAILER 1	Address (Street, City, State, Zip)							
	License No	Make	Year	Lic St	Lic Yr			

DRIVER 2	Driver's Name (Last, First, MI)							
	Address (Street, City, State, Zip)							
	Apparent Phys Stat (enter no)	Sex	Date of Birth MONTH DAY YEAR	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Driver's License No			Lic Type	Lic St	Restr		
	Color	Veh Yr	Make	Model Name				
	Veh Type (enter no)	Lic Yr	License No	Lic State				
VEHICLE 2	Veh Use (enter no)	Speed Limit	Fuel Tax No					
	Direction of Travel	No Occupants	Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Axles	Transporting Hazardous Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Towed To		Towed By					
	Registered Owner's Name (Last, First, MI)							
	Address (Street, City, State, Zip)							
	Registered Owner's Name (Last, First, MI)							
TRAILER 2	Address (Street, City, State, Zip)							
	License No	Make	Year	Lic St	Lic Yr			

DAMAGE	INITIAL IMPACT V1 V2	Areas Damaged (Multiples)
	DAMAGE EST V1 V2	
	OTHER PROPERTY (INCLUDE CARGO)	
	Name of Object	OWNER'S NAME AND ADDRESS
		Damage Est (use chart)

Direction	Street/Highway	Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)														



INDIANA OFFICER'S SUPPLEMENTAL TRUCK AND BUS CRASH REPORT

State Form 44811 (R2 / 6-94) ISP stock number 302T

Mail Original To: Indiana State Police, Motor Carrier Division
100 N. Senate Ave., Indianapolis, IN 46204

OFFICE USE ONLY									
Safetynet Crash ID Number									
I	N								

WHEN TO USE FORM: Answers to questions below determine use of form.

Did this crash involve a:

1. truck with at least 2 axles, 6 tires or hazmat placard; or
2. bus with seats for more than 15 people, including driver?

STOP - if response to 1 and 2 is "No", do not fill out form.

3. Person(s) fatally injured?
4. Injured person(s) taken away for medical attention?
5. Vehicle(s) towed from scene?

STOP - if response to 3, 4 and 5 is "No", do not fill out form.

If response is "Yes" to 3, 4 or 5 fill out form.

REPORTING AGENCY'S CRASH ID NUMBER									

A. CARRIER'S US D.O.T. NUMBER					B. STATE NUMBER				
C. ISSUING STATE		D. NO CARRIER ID		E. INTERSTATE		F. ICC NUMBER			

G. CARRIER'S NAME									

H. CARRIER'S STREET ADDRESS (principal place of business)									

I. CITY				J. STATE		K. ZIP CODE			

L. SOURCE OF CARRIER'S NAME			M. CRASH DATE			N. CRASH TIME (24 HOUR)					
1. Side of vehicle	3. Driver		MM	/	DD	/	YY				
2. Shipping papers	4. Log book										

O. CRASH LOCATION									

P. CRASH CITY / MUNICIPALITY				Q. CRASH COUNTY				R. STATE	
								I	N

S. DRIVER'S NAME									
Last						First		MI	

T. DRIVER'S DATE OF BIRTH			U. DRIVER'S LICENSE NUMBER					V. LICENSE STATE	

W. VEHICLE CONFIGURATION					X. CARGO BODY TYPE				
1. Bus (seat for > 15 people, including driver)	6. Tractor / semitrailer				1. Bus (seats for > 15 people, including driver)	5. Dump			
2. Single-unit truck (2 axle, 6-tire)	7. Tractor / double				2. Van / Enclosed Box	6. Concrete Mixer			
3. Single-unit truck (3 or more axles)	8. Tractor / triple				3. Cargo Tank	7. Auto Transporter			
4. Truck / Trailer	9. Unknown truck, cannot classify				4. Flatbed	8. Garbage / Refuse			
5. Truck Tractor (bobtail)						9. Other			

Y. NUMBER OF AXLES (including trailers)		Z. GROSS VEHICLE WEIGHT RATING		AA. VEHICLE IDENTIFICATION NUMBER				BB. VEHICLE LICENSE NUMBER	

CC. LICENSE STATE		DD. HAZARDOUS MATERIALS PLACARDED		EE. HAZMAT RELEASE OF CARGO		FF. HAZMAT PROPER SHIPPING NAME			GG. HAZMAT 4-DIGIT ID NO.	HH. HAZARD CLASS NO.

II. REPORTING AGENCY									

JJ. OFFICER BADGE OR PE NUMBER		KK. TOTAL NUMBER CRASH VEHICLES		LL. SEQUENCE OF EVENTS							
				1st	2nd	1. Ran off road				9. Collision involving motor vehicle in transport	
						2. Jackknife				10. Collision involving parked motor vehicle	
						3. Overturn (rollover)				11. Collision involving train	
						4. Downhill runaway				12. Collision involving pedalcycle	
						5. Cargo loss or shift				13. Collision involving animal	
						6. Explosion or fire				14. Collision involving fixed object	
						7. Separation of units				15. Collision involving other object	
						8. Collision involving pedestrian				16. Other	

MM. TRAFFIC WAY									
1. Not physically divided (two-way trafficway)									
2. Divided highway, median strip, w/o traffic barrier									
3. Divided highway, median strip, w / traffic barrier									
4. One way trafficway									

NN. ACCESS CONTROL				OO. WEATHER CONDITIONS					
1. No control (unlimited access)				1. No adverse condition		4. Snow		7. Severe crosswinds	
2. Full control (only ramp entry and exit)				2. Rain		5. Fog		8. Other	
3. Other				3. Sleet, hail		6. Blowing sand, soil, dirt or snow		9. Unknown	

PP. ROAD SURFACE CONDITION				QQ. LIGHT CONDITION				RR. APPARENT DRIVER CONDITION			
1. Dry		5. Sand, mud, dirt or oil		1. Daylight		4. Dawn		1. Appeared normal		5. Fatigue	
2. Wet		6. Other		2. Dark - not lighted		5. Dusk		2. Had been drinking		6. Asleep	
3. Snow or slush		7. Unknown		3. Dark - lighted		6. Unknown		3. Illegal drug use		7. Medication	
4. Ice								4. Sick		8. Unknown	

SS. NUMBER OF FATALITIES		TT. NUMBER OF INJURIES		UU. TOW AWAY		VV. FEDERALLY REPORTABLE		WW. STATE REPORTABLE	

Signature of officer				PRINTED NAME OF OFFICER (last, first, MI)					