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

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

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

4. V1 V1 V2 V2

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)

5. V1 V2

Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)
License No. | Make | Year | Lic. St. | Lic. Yr.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

15A.

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

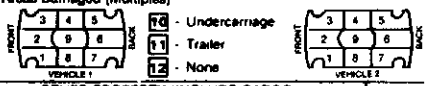
Color | Veh. Yr | Make | Model Name
Veh. Type (enter no.) | Lic. Yr | License No | Lic. State
Veh. Use (enter no.) | Speed Limit | Fuel Tax No.
Direction of Travel | No. Occupants | Fire? ☐ Yes ☐ No | No. Axles | Transporting Hazardous Mat ☐ Yes ☐ No
Towed To | Towed By
Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)

Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)
License No | Make | Year | Lic. St. | Lic. Yr.

DAMAGE

INITIAL IMPACT	
V1	V2
DAMAGE EST	
V1	V2

Areas Damaged (Multiples)



10 - Undercarriage
11 - Trailer
12 - None

Name of Object	OTHER PROPERTY (INCLUDE CARGO) OWNER'S NAME AND ADDRESS	Damage Est (use chart)

PEDESTRIAN

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)									

Diagram

Indicate NORTH by an arrow

NARRATIVE (Refer to Vehicle by Number)

D1 Insured By		D2 Insured By	
Other Participant(s) Name, Address (etc.)			
Name of Witness No. 1	Address	Location at Time of Crash	
Name of Witness No. 2	Address	Location at Time of Crash	
Name of Person Arrested	I.C. Code(s)	Name of Person Arrested	I.C. Code(s)

INVESTIGATION

Time Notified ☐ AM ☐ PM	Time Arrived ☐ AM ☐ PM	Other Location of Investigation	Investigation Complete ☐ Yes ☐ No	Photos Taken ☐ Yes ☐ No
Assisting Officer	I.D. No.	Agency		Date of Report
Assisting Officer	I.D. No.	Agency		Driver Report Form Furnished ☐ D1 ☐ D2
Investigating Officer's Signature	I.D. No.	Agency		

INDIANA OFFICER'S VEHICLE CRASH REPORT

CODING INSTRUCTION SHEET

THE FOLLOWING ARE THE CODES USED THROUGHOUT THE REPORT

S# 302-A

1. Prim. / V1 / V1 / V2 / V2

1. CONTRIBUTING CIRCUMSTANCES

1 Alcoholic Beverages
2 Illegal Drugs
3 Prescription Drugs
4 Driver Apparently Asleep
5 Driver Inattention
6 Driver Illness
7 Unsafe Speed*
8 Failure to Yield Right of Way
9 Disregarded Signal/Regulatory Sign
10 Left of Center
11 Improper Passing
12 Improper Turning
13 Improper Lane Usage
14 Following Too Closely
15 Unsafe Backing
16 Wrong Way on One Way
17 Pedestrian(s) Actions*
18 Passenger Distraction
19 Violation Driver License Restrictions
20 Engine Failure or Defective
21 Accelerator Failure or Defective
22 Brake Failure or Defective
23 Tire Failure or Defective
24 Headlight Defective or Not On
25 Other Lights Defective*
26 Steering Failure
27 Window/Windshield Defective
28 Oversize/Overweight Load
29 Insecure/Leaky Load
30 Tow Hitch Failure
31 Animal(s) Present on Roadway
32 Glare
33 Surface Material Loose
34 Material on Surface (Include Weather)
35 Holes/Ruts in Surface
36 Shoulder Defective
37 Road Under Construction*
38 Obstruction Not Marked
39 Lane Marking Obscured
40 View Obstructed by A Veh.
41 View Obstructed By*
42 Other*
43 Jack Knifing

2. / V1 / V2

2. PRE-CRASH VEHICLE ACTION

1 Going Straight Ahead
2 Turning on Red
3 Making Right Turn
4 Making Left Turn
5 Making U Turn
6 Exiting to Ramp
7 Merging
8 Changing Lanes
9 Driving Left of Center
10 Crossed Median
11 Overtaking
12 Passing
13 Backing
14 Starting in Traffic
15 Slowing or Stopping
16 Stopped in Traffic
17 Start From Parked Pos.
18 Entering Parked Pos.
19 Parked
20 Avoiding Obj. in Road
21 Driverless Moving
22 Other*
23 Driving Off Road on the Right

3. / V1 / V1 / V1 / V2 / V2 / V2

3. COLLISION INVOLVED

1 Other Motor Veh.
2 Pedestrian(s)
3 Bicyclist
4 RR/Train
5 Animal Drawn Veh.
6 Animal
7 ___Deer-List Number Also
8 Light Support/Utility Pole
9 Guide Rail/Median Barrier
10 Impact Attenuator
11 Sign Post
12 Tree
13 Building Wall
14 Curbing
15 Fence
16 Bridge Support
17 Culvert Head Wall/ Drainage Structure
18 Snow Embankment
19 Earth Embankment/ Rock Cut/Ditch
20 Fire Hydrant
21 Traffic Signal
22 Mail Box
23 Other Non-Fixed Obj.*
24 Other Fixed Obj.*

4. / V1 / V1 / V2 / V2

4. TRAFFIC CONTROLS

1 Officer/Crossing Guard/Flagman
2 RR Crossing Gate/Flagman
3 RR Crossing Flashing Signal
4 RR Crossing Sign/Pavement Markings
5 Traffic Control Signal
6 Flashing Signal
7 Stop Sign
8 Yield Sign
9 Lane Control
10 No Passing Zone
11 Other Regulatory Sign Markings*
12 None

5. / V1 / V2

5. WERE AUTOMATED CONTROLS OPERATING PROPERLY?

1 Yes 2 No*

6.

6. COLLISION DIAGRAM

1 Rear End
2 Head On
3 Same Direction Sideswipe
4 Opp. Direction Sideswipe
5 Off Road Collision

6 Right Angle
7 Left & Right

LEFT TURNS: 8, 9, 10, 11, 12, 13

RIGHT TURNS: 14, 15, 16, 17, 18

7.

7. CRASH TYPE

1 Hit and Run
2 Collision
3 Overturned
4 Non-Collision

8.

8. LOCATION OF FIRST DAMAGE OR INJURY

1 Intersection
2 Driveway Access
3 Interchange Area
4 Off Roadway
5 Shoulder
6 Median
7 Roadway

9.

9. KIND OF LOCALITY

1 School/ Playground
2 Residential
3 Commercial/ Industrial
4 Rural
5 Public Park
6 Urban Interstate

10.

10. ROAD CONSTRUCTION/MAINTENANCE/UTILITY WORK PRESENT?

1 Yes 2 No

11.

11. LIGHT CONDITION

1 Daylight
2 Dawn/Dusk
3 Dark (Street Lights On)
4 Dark (Street Lights Off)
5 Dark (No Street Lights)

12.

12. WEATHER

1 Clear
2 Cloudy
3 Rain
4 Snow
5 Sleet/Hail/ Freezing Rain
6 Fog/Smoke/ Smog

13.

13. ROAD SURFACE

1 Concrete
2 Blacktop
3 Brick
4 Dirt/Gravel
5 Other*

14.

14. ROAD CHARACTER

1 Straight/Level
2 Straight/Grade
3 Straight/Hillcrest
4 Curve/Level
5 Curve/Grade
6 Curve/Hillcrest

15.

15 SURFACE CONDITION

Must use 1-6

1 Dry
2 Wet
3 Muddy
4 Slush
5 Snow/Ice
6 Other*

15A.

15A. WERE HAZARDOUS MATERIALS INVOLVED?

1 Yes 2 No

16. INJURED

1 Vehicle 1
2 Vehicle 2

P - Pedestrian
B - Bicyclist
O - Other*

17. POSITION IN OR ON VEHICLE

2-7 Passengers
6 Include Passengers on Motorcycle
7 Include Person in Truck Bed
8 Riding/Hanging on Outside

8 | 3 | 4 | 2 | 5 | 1 | 6 | 7 | 6

18. SAFETY EQUIPMENT USED (Drivers and Injured)

1 No Restraint
2 Lap Belt
3 Harness
4 Child Restraint
5 Helmet
6 Airbag
7 Other*

18A. WAS SAFETY EQUIPMENT EFFECTIVE?

1 Yes 2 No

19. EJECTION/TRAPPED (Drivers and Injured)

1 Not Ejected
2 Partially Ejected
3 Ejected
4 Trapped In
5 Pinned Under

20. LIST NAMES AND ADDRESSES OF INJURED

21. NATURE OF MOST SEVERE INJURY

1 Severed
2 Internal
3 Minor Burn
4 Severe Burn
5 Abrasion
6 Minor Bleeding
7 Severe Bleeding (Arterial)
8 Fracture/Dislocation
9 Contusion/Bruise
10 Complaint of Pain
11 None Visible

22. LOCATION OF MOST SEVERE INJURY

1 Chest
2 Neck
3 Eye
4 Face
5 Head
6 Back
7 Shoulder/ Upper Arm
8 Elbow/Lower Arm/Hand
9 Abdomen/Pelvis
10 Hip/Upper Leg
11 Knee/Lower Leg/Foot
12 Entire Body

23. VICTIMS INJURY STATUS

1 Conscious
2 Semi-conscious
3 Incoherent
4 Unconscious
5 Shock
6 Dead
7 Refused Med

24. EMS No.

25. AGE

26. SEX

27. TEST GIVEN

1 None
2 Alcohol
3 Drug
4 Refused

28. TYPE GIVEN

1 Blood
2 Urine
3 Breath
4 Other*

29. RESULTS

16	17	18	18 A	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)									

BELOW LISTED CODES APPLY TO OUTLINED AREAS

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? ☐ 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

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 1

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

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? ☐ Yes ☐ No

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

VEHICLE 2

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

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

Address (Street, City, State, Zip)

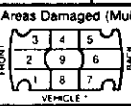
License No. | Make | Year | Lic. St. | Lic. Yr.

DAMAGE

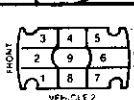
INITIAL IMPACT: V1 | V2

DAMAGE EST.: V1 | V2

Areas Damaged (Multiples)



10 - Undercarriage
11 - Trailer
12 - None



10
11
12

OTHER PROPERTY (INCLUDE CARGO)

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

PEDESTRIAN

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

1. Prim. | V1 | V1 | V2 | 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.

MOTOR VEHICLE TYPE

1. Passenger car/station wagon
2. Pick up
3. Van
4. Truck
5. Semi Tractor (Only)
6. Semi Tractor/Trailer
6A. Semi Tractor/2 Trailers
7. Combination Vehicle
8. Recreational Vehicle
9. Bus
10. School Bus
11. Police Car
12. Fire Truck
13. Ambulance
14. Motorcycle
15. Moped
16. Snowmobile
17. Motorized Bicycle, Motor Scooter, Minibike
18. Farm Equipment
19. Special Vehicle
20. Other*

ESTIMATE OF DAMAGE

1. Under $750
2. $750 - $1,000
3. $1,001 - $2,500
4. $2,501 - $5,000
5. $5,001 - $10,000
6. $10,001 - $25,000
7. $25,001 - $50,000
8. $50,001 - $100,000
9. Over $100,000

DRIVER LICENSE RESTRICTIONS

A Glasses or Contact Lenses
B Outside Rearview Mirror
C Daylight Driving Only
D Automatic Transmission
G Special Controls
I Employment Only
K Motorcycle Only
M To and From Employment Only
N Employer's Vehicle Only
U Power Steering
V P P Chauffeurs Rest. to Taxi Only
X Authorized State Owned Vehicles Only
Y Special Restrictions
1 Probation DWI
2 Probation HTO
3 Photo Exempt

VEHICLE USE

1. Personal (Farm Company)
2. Commercial (Buses, Taxis, Common and Contract Carriers)
3. Rental, not leased
4. School
5. Police, Fire, Ambulance
6. On emergency run
7. Military
8. Highway Department
9. Other Government (Postal, Welfare, etc.)
10. Public Utilities (Gas, Electric, etc.)
11. Other*

APPARENT PHYSICAL STATUS

1. Normal
2. Had Been Drinking
3. Physical Handicaps
4. Ill
5. Fatigued
6. Asleep
7. Drugs, Medication

INDIANA STATE POLICE
SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

ACCIDENT I.D. NUMBER

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

Did this accident involve a
1. truck with at least 2 axles, 6 tires or haz mat 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.

INVESTIGATOR'S LAST NAME

F.I.

INVESTIGATOR'S I.D. NUMBER

ACCIDENT INFORMATION

A. REPORT ACCIDENT NUMBER
STATE NUMBER

B-1. CARRIER'S IDENTIFICATION NUMBERS
US DOT ICC MC

B-1. CARRIER'S IDENTIFICATION NUMBERS
STATE NUMBER

B-2. SOURCE
VEHICLE SIDE [X] SHIPPING PAPERS [X] DRIVER [X]

B-2. CARRIER'S NAME

B-3. CARRIER'S STREET ADDRESS

B-3. CITY STATE ZIP CODE –

C. ACCIDENT DATE MM/DD/YY D. ACCIDENT TIME HHMM AM [X] PM [X] E-1. ACCIDENT LOCATION NUMBER/NAME OF HIGHWAY/STREET

E-2. TOWNSHIP/CITY COUNTY

F-1. TRUCK OR BUS DRIVER'S NAME
LAST FIRST M.I.

F-2. DRIVER'S LICENSE NUMBER F-3. STATE G. NUMBER OF FATALITIES AS RESULT OF ACCIDENT H. NUMBER OF INJURIES AS RESULT OF ACCIDENT

I. WERE ANY VEHICLES TOWED AS A RESULT OF DAMAGE RECEIVED? Yes [X] No [X] J. GROSS VEHICLE WEIGHT RATING K. AXLES ON VEHICLE (INCLUDING TRAILERS)

L. HAZARDOUS MATERIAL INVOLEMENT
L-1. DID VEHICLE HAVE HAZ MAT PLACARD? Yes [X] No [X]
L-2. FROM PLACARD INDICATE:
4 - DIGIT PLACARD NUMBER/NAME FROM DIAMOND/BOX
1 - DIGIT NUMBER FROM BOTTOM OF DIAMOND

L-3. WAS HAZARDOUS CARGO FROM VEHICLE RELEASED? (DON'T COUNT FUEL FROM FUEL TANK) Yes [X] No [X]

OFFICER'S SIGNATURE

M. VEHICLE CONFIGURATION

1	BUS	[X]
2	SINGLE UNIT TRUCK: 2 AXLE 6 TIRES	[X]
3	SINGLE UNIT TRUCK: 3 or MORE AXLES	[X]
4	TRUCK/TRAILER	[X]
5	TRUCK/TRACTOR BOBTAIL	[X]
6	TRACTOR/SEMI-TRAILER	[X]
7	TRACTOR/DOUBLES	[X]
8	TRACTOR/TRIPLES	[X]
9	UNKNOWN HEAVY TRUCK	[X]

N. CARGO BODY TYPE

1	BUS	[X]
2	VAN/ENCLOSED BOX	[X]
3	CARGO TANK	[X]
4	FLATBED	[ ]
5	DUMP	[ ]
6	CONCRETE MIXER	[ ]
7	AUTO TRANS-PORTER	[ ]
8	GARBAGE/REFUSE	[ ]
9	OTHER	[ ]

O. SEQUENCE OF EVENTS (FOR THIS VEHICLE)

	1	2	3	4		1	2	3	4
RAN OFF ROAD					COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT				
JACKNIFE					COLLISION INVOLVING PARKED MOTOR VEHICLE				
OVERTURN					COLLISION INVOLVING TRAIN				
DOWNHILL RUNAWAY					COLLISION INVOLVING PEDALCYCLE				
CARGO LOSS OR SHIFT					COLLISION INVOLVING ANIMAL				
EXPLOSION OR FIRE					COLLISION INVOLVING FIXED OBJECT				
SEPARATION OF UNITS					COLLISION INVOLVING OTHER OBJECT				
COLLISION INVOLVING PEDESTRIAN					OTHER				