

# THE INDIANA OFFICER'S STANDARD CRASH REPORT

**INDIANA OFFICER'S STANDARD CRASH REPORT**  
 State Form: 23558 (Revised 5/03) Stock 302  
 Mail to: Indiana State Police, Crash Records Section  
 100 North Senate Avenue, Indianapolis, IN 46204  
 Report  Original  Supplemental Page  of   
 001300796  
 Local ID

Date of Crash: Month  Day  Year   
 Day of Week  Actual Local Time  AM  PM  
 County  Township   
 # Motor Vehicles  # Injured  # Dead  # Commercial Vehicles  # Deer

Road Crash Occurred On  Nearest/Intersecting Road/Mile Marker/Interchange   
 If not at an intersection, number of feet from  Direction  Road Class.  Interstate  County Road  
 US Road  Local/City Road  
 State Road  Other

City/Town or Nearest City/Town  Property?  D N R  Private  Other  
 Crash Latitude  Crash Longitude   
 Driver #1  Driver #2  Driver #3  Driver #4

**Fill in only one Primary Cause for the crash**  
**Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances**

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
<b>Driver Contributing Circumstance</b>				
<input type="radio"/> Alcoholic Beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Illegal Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Prescription Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Asleep or Fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Unsafe Speed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Failure to Yield Right of Way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Negligent Signal/Regulatory Sign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Left Turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Improper Passing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Improper Turning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Improper Lane Usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Following Too Closely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Unsafe Backing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Overcorrecting/Oversteering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driving off Road	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Wrong Way on One Way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Pedestrian's Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Passenger Distraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Violation of License Restriction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Jackknifing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Cell Phone Usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other Telematics in Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Distracted (Explain in Narrative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Speed Too Fast for Weather Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vehicle Contributing Circumstance</b>				
<input type="radio"/> Engine Failure or Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Accelerator or Failure or Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Brake Failure or Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Tire Failure or Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Headlights(s) Defective or Not On	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other Lights Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Steering Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Window/Windshield Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Oversize/Overweight Load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Insecure/Leaky Load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Tow Hitch Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Environment Contributing Circumstance</b>				
<input type="radio"/> Glare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Roadway Surface Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Holes/Ruts in Surface	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Shoulder Defective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Road Under Construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Severe Crosswinds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Obstruction Not Marked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Lane Marking Obscured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> View Obstructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Animal/Object in Roadway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Traffic Control Inoperative/Missing/Obscured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Utility Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Area Information: Fill in one oval per category**

**Hit and Run**  Yes  No  
**Light Condition**  Daylight  Dawn/Dusk  Dark (Lighted)  Dark (Not Lighted)  Unknown  
**Type of Median**  Driveable  Curbed  Barrier Wall  None  
**Locality**  Rural  Urban  
**Weather Conditions**  Clear  Cloudy  Rain  Snow  Sleet/Hail  Freezing Rain  Fog/Smoke/Smog  Severe Cross Wind  Blowing Sand/Soil/Snow  
**Type of Roadway Junction**  Straight/Level  Straight/Grade  Straight/Hillcrest  Curve/Level  Curve/Grade  Curve/Hillcrest  Non-Roadway Crash  
**Rumble Strips**  Yes  No  
**Surface Condition**  Dry  Wet  Muddy  Snow/Slush  Ice  Loose Material on Road (Gravel etc.)  Water (Standing or Moving)  
**Roadway Surface**  Asphalt  Concrete  Gravel  Other  
**Construction**  Yes\*  No  Back-up  
**Construction Type**  Lane Closure  X-Over/Lane Shift  Work on Shoulder  Intermittent or Moving Work  
**Was this crash a result of aggressive driving?**  Yes  No  
**Traffic Control Devices**  Officer/Crossing Guard/Flagman  Stop Sign  RR Crossing Gate/Flagman  Yield Sign  RR Crossing Flashing Signal  Lane Control  RR Crossing Sign  No Passing Zone  Traffic Control Signal  Other (Explain in Narrative)  Flashing Signal  None  
**\*Traffic Control Device Operational?**  Yes  No

**Total Estimate of all damage in the Crash:**  
 Under \$1000  \$1001-\$2500  \$2501-\$5000  \$5001-\$10,000  \$10,001-\$25,000  \$25,001-\$50,000  \$50,001-\$100,000  Over \$100,000

**Other Property Damage (Include Cargo)**

Name of Object	State	Property	Owner's Name and Address
(1)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

**Witness/Other Participant**

Witness/Other Participant	Non-Motorist	Apparent Physical Condition	Non-Motorist
<input type="radio"/> Witness <input type="radio"/> Other Participant # (Last Name, First Name, MI) Address etc. Phone # Location at Time of Crash	<input type="radio"/> Pedestrian <input type="radio"/> Pedalcyclist <input type="radio"/> Other Cited? <input type="radio"/> Yes <input type="radio"/> No Direction Street/Highway	<input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> Ill <input type="radio"/> Asleep/Fatigued <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown	<input type="radio"/> On design <input type="radio"/> Not in road <input type="radio"/> On shoulder <input type="radio"/> On roadway <input type="radio"/> With traffic <input type="radio"/> Against traffic <input type="radio"/> Crossing <input type="radio"/> Crossing
<input type="radio"/> Witness <input type="radio"/> Other Participant # (Last Name, First Name, MI) Address etc. Phone # Location at Time of Crash	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Moving <input type="radio"/> Standing <input type="radio"/> Working <input type="radio"/> Getting in or out of a vehicle <input type="radio"/> Getting off or on a school bus <input type="radio"/> Other (Explain in Narrative)

The date, time, and location of the accident are listed here, along with the names of up to four involved drivers.

The "contributing circumstances" section is critical to establish liability for the accident. The officer identifies one primary cause and any other factors that contributed to the crash.

The right side describes the road conditions at the time of the crash.

Any property damage is listed here, along with names of witnesses and non-motorist participants (such as pedestrians).

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001300796

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**Type of Crash**

Rear End       Same Direction Sideswipe       Right Angle       Backing Crash  
 Head On       Opposite Direction Sideswipe       Left Turn       Other  
 Rear to Rear       Ran off Road       Right Turn       Non-Collision

Left/Right Turn

**Diagram: (Indicate North by Arrow)**

**Narrative:**

Time Notified <input type="radio"/> AM <input type="radio"/> PM	Time Arrived <input type="radio"/> AM <input type="radio"/> PM	Other Location of Investigation		Investigation Complete? <input type="radio"/> Yes <input type="radio"/> No	Photos Taken? <input type="radio"/> Yes <input type="radio"/> No
Assisting Officer	ID No.	Agency		Date of Report	
Assisting Officer	ID No.	Agency		Reviewing Officer	
Investigating Officer (printed)	ID No.	Agency			

The officer identifies the general type of crash and draws a diagram of the accident.

The written narrative section summarizes how the accident happened - and may contain details found nowhere else in the report.

The time the police were notified and arrived are listed here, along with the name of the investigating officer(s).



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<b>UNIT INFORMATION</b>		Page <input type="text"/> of <input type="text"/>	
Local ID <input type="text"/>		001300796	
<b>Dr#</b>	<b>Driver's Name (Last, First, MI)</b>	<b>Safety Equipment Used</b>	<b>Safety Equipment Effective?</b>
Address (Street, City, State, Zip)		<input type="radio"/> No restraint	<input type="radio"/> Yes
Date Month Day Year Age		<input type="radio"/> Lap Belt Only	<input type="radio"/> No
Lic Type CDL Class Lic State		<input type="radio"/> Harness (Only)	<input type="radio"/> Not Applicable
Restrictions		<input type="radio"/> Lap + Harness	
<input type="radio"/> Glasses/Contact Lenses <input type="radio"/> Outside Rearview Mirror <input type="radio"/> Daylight Driving <input type="radio"/> Automatic Transmission <input type="radio"/> Special Controls <input type="radio"/> Employment Only <input type="radio"/> Motorcycle Only <input type="radio"/> To/From Employment		<input type="radio"/> Child Restraint	
<input type="radio"/> Employer's Vehicle Only <input type="radio"/> State-Owned Vehicles Only <input type="radio"/> PP Chauffeurs-Taxi Only <input type="radio"/> Power Steering <input type="radio"/> Special Restrictions <input type="radio"/> Probation DWI <input type="radio"/> Probation HTV <input type="radio"/> None		<input type="radio"/> Unknown	
<b>Alcohol</b>	<b>Results</b>	<b>Drug</b>	
<input type="radio"/> Unknown	<input type="radio"/> Positive	<input type="radio"/> Positive	
<input type="radio"/> Alcohol+Drug	<input type="radio"/> Negative	<input type="radio"/> Negative	
<input type="radio"/> Refused	<input type="radio"/> Pending	<input type="radio"/> Pending	
<b>Veh#</b>	<b>Color</b>	<b>Vehicle Year</b>	<b>Make</b>
<b># Occupants</b>	<b>Lic Year</b>	<b>License #</b>	<b>License State</b>
<b># Axles</b>	<b>Speed Limit</b>	<b>Insured By</b>	<b>Phone Number</b>
Name (Last, First, MI)		<input type="radio"/> Same as Driver	
State, Zip			
Towed To		Towed By	
<b>Year</b>	<b>Registered Owner's Name (Last, First, MI)</b>	<input type="radio"/> Same as Driver	
Address (Street, City, State, Zip)			
<b>Veh Year</b>	<b>Make</b>		
<b>Trl#</b>	<b>Lic State</b>	<b>Lic Year</b>	<b>Registered Owner's Name (Last, First, MI)</b>
<b>License #</b>		Address (Street, City, State, Zip)	
<b>Veh Year</b>	<b>Make</b>		
<b>Veh#</b>	<b>Commercial Vehicle: Carrier's Name and Address</b>		
HAZMAT Proper Shipping Name:			
<b>US DOT#</b>	<b>ICC#</b>	<b>State DOT#</b>	
<b>Vehicle Identification #</b>		<b>CMV Inspection?</b>	<b>If</b>
Gross Vehicle Weight Rating (GVWR)		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> L1 <input type="radio"/> L3
<input type="radio"/> Less than 10,000# <input type="radio"/> 10,001-26,000# <input type="radio"/> 26,001# or more		<b>Cargo Body Type</b>	
<input type="radio"/> Grain, Chip, Gravel, Coal <input type="radio"/> Flatbed <input type="radio"/> Dump <input type="radio"/> Bus		<input type="radio"/> Van/Enclosed Box <input type="radio"/> Cargo Tank <input type="radio"/> Garbage/Refuse <input type="radio"/> Concrete Mixer	
<input type="radio"/> Auto Transport <input type="radio"/> Pole <input type="radio"/> Other (Explain in Narrative)			
<b>HAZMAT Placard</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>HAZMAT Release of Cargo</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>HAZMAT 4-Digit ID #</b>		<b>Hazard Class #</b>	
<b>Initial Impact Area</b>		<b>Areas Damaged (Multiples)</b>	
<input checked="" type="radio"/> Undercarriage <input type="radio"/> Trailer <input type="radio"/> None <input type="radio"/> Unknown		<input type="radio"/> Undercarriage <input type="radio"/> Trailer <input type="radio"/> None <input type="radio"/> Unknown	
<b>Vehicle Use</b>		<b>Vehicle Type</b>	
<input type="radio"/> Personal (Farm, Company) <input type="radio"/> Commercial (Buses, Taxis, Common and Contract Carriers) <input type="radio"/> Rental, not leased <input type="radio"/> School <input type="radio"/> Police*		<input type="radio"/> Fire* <input type="radio"/> Ambulance* <input type="radio"/> Military <input type="radio"/> Highway Department <input type="radio"/> Other Government (Postal, Public Utilities (Gas, Electric) <input type="radio"/> Other (Explain in Narrative)	
<input type="radio"/> Passenger Car/Station Wagon <input type="radio"/> Pickup <input type="radio"/> Van <input type="radio"/> Sport Utility Vehicle <input type="radio"/> Truck (Single Unit 2 axle, 6 tires) <input type="radio"/> Truck (Single Unit 3 or more axles) <input type="radio"/> Truck/Trailer (not semi) <input type="radio"/> Tractor/One Semi Trailer <input type="radio"/> Tractor/Double Trailers <input type="radio"/> Tractor/Triple Trailers		<input type="radio"/> Tractor (Cab Only-No T <input type="radio"/> Motor Home/Recreation <input type="radio"/> Motorcycle <input type="radio"/> Bus/Seats 9-15 Persons <input type="radio"/> Bus/Seats 15+ Persons <input type="radio"/> School Bus <input type="radio"/> Farm Vehicle <input type="radio"/> Combination Vehicle <input type="radio"/> Unknown Type (not classified) <input type="radio"/> Moped	
<b>Pre-Crash Vehicle Action</b>		<b>Direction of Travel</b>	
<input type="radio"/> Going Straight <input type="radio"/> Backing <input type="radio"/> Changing Lanes <input type="radio"/> Overtaking/Passing <input type="radio"/> Turning Right		<input type="radio"/> Turning Left <input type="radio"/> Making U Turn <input type="radio"/> Merging <input type="radio"/> Starting in Traffic <input type="radio"/> Driving Left of Center <input type="radio"/> Crossing the Median	
<input type="radio"/> Slowing or Stopped in Traffic <input type="radio"/> Unattended Moving Vehicle <input type="radio"/> Avoiding Object in Road <input type="radio"/> Entering Traffic Lane <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked		<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Northeast <input type="radio"/> Northwest <input type="radio"/> Southeast <input type="radio"/> Southwest	
<b>Type of Primary/Secondary Roadway</b>			
<b>One Way Traffic</b>		<b>Two Way Traffic</b>	
<input type="radio"/> One Lane <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lanes (3 or more)		<input type="radio"/> Two Lanes <input type="radio"/> Multi-Lane Divided (3 or more) <input type="radio"/> Multi-Lane Undivided 2 way left turn <input type="radio"/> Multi-Lane Undivided (3 or more)	
<input type="radio"/> Private Drive <input type="radio"/> Alley			
<b>If a Collision Crash</b> Fill in only one oval in this category			
<input type="radio"/> Another Motor Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Bicycle <input type="radio"/> Impact Attenuator/Crash Cushion <input type="radio"/> Bridge Overhead Structure <input type="radio"/> Bridge Pier or Abutment <input type="radio"/> Bridge Parapet End <input type="radio"/> Bridge Rail <input type="radio"/> Guardrail Face <input type="radio"/> Guardrail End <input type="radio"/> Median Barrier <input type="radio"/> Highway Traffic Sign Post		<input type="radio"/> Deer <input type="radio"/> Animal Other than Deer <input type="radio"/> Animal Drawn Vehicle <input type="radio"/> Overhead Sign Post <input type="radio"/> Light Support <input type="radio"/> Utility Pole <input type="radio"/> Culvert <input type="radio"/> Embankment <input type="radio"/> Other Post/Pole/or Support <input type="radio"/> Wall/Building/Tunnel, etc <input type="radio"/> Work Zone Maintenance Equip. <input type="radio"/> Other (Explain in Narrative)	
<b>Or if a Non-Collision Crash</b> Fill in only one oval in this category			
<input type="radio"/> Overturn/Rollover <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion		<input type="radio"/> Jackknife <input type="radio"/> Cargo/Equipment Shift or Loss <input type="radio"/> Off Roadway <input type="radio"/> Fell from vehicle	

Information on the driver of the vehicle is provided here, including name, contact information, driver's license information, safety equipment used, and severity of any known injuries.

One copy of this page will be used for each "unit" (vehicle) involved in the accident.

The vehicle itself is described here, including the year, make, model, owner's contact information, and additional information for commercial vehicles.

This page identifies the location of impact - which helps explain how and why people in this vehicle were injured - and the actions the vehicle was taking before the crash.