

# INDIANA OFFICER'S STANDARD CRASH REPORT

INDIANA OFFICER'S STANDARD CRASH REPORT										Page	of	
Electronic Version										Local ID		
Date		Actual Local Time		County		Township		# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Where Occurred On		Nearest/Intersecting Road/Mile Marker/Interchange				If not an intersection, number of feet from		Direction		Road Classification		
City/Town or Nearest City/Town				Property?		Crash Latitude		Crash Longitude				
Driver #1		Driver #2		Driver #3		Driver #4						
<b>Primary Cause</b> Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 <b>Driver Contributing Circumstances</b> Alcoholic Beverages Illegal Drugs Prescription Drugs Asleep or Fatigued Impaired Failed to Yield Road Signal Center Over Passing Over Turning Over Lane Usage Driving Too Closely Backing Correcting Off Road Way on One Way Driver's Action Driver Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Other None				<b>Primary Cause</b> Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 <b>Vehicle Contributing Circumstances</b> Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insured/Leaky Load Tow Hitch Failure Other None <b>Environment Contributing Circumstances</b> Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obscured Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None				<b>Area Information</b> Hit and Run School Zone Rumble Strips Locality Light Condition Weather Conditions Surface Condition Type of Median Type of Roadway Junction Road Character Roadway Surface Construction If Yes, Construction Type Traffic Control Devices Traffic Control Device Operational? Was this crash the result of aggressive driving?				
State Property		Owner's Name and Address										
State Property		Owner's Name and Address										
Business/Other Participant				Non-Motorist								
Address:				(Last Name, First Name, MI)								
Phone #				Non-Motorist Type				Non-Motorist Action				
Location at Time of Crash				Apparent Physical Condition								
Witness # Name				Cited?				Direction				
Street/Highway				Traffic Control?				If yes, was traffic control operational?				

**Date and Location**  
Records the accident location, time, date, and number of people injured or killed in the crash.

**Primary and Contributing Causes**  
Primary and secondary contributing factors and actions that caused the crash are recorded per driver. Crashes are attributed to driver error/action, defective vehicle part(s), or environmental factors.

**Property Damage (Including Cargo)**  
Damage outside of the vehicles as well as an initial damage cost estimate is described in this section.

**Witnesses**  
Identifying and contact information for witnesses.

**Area Information**  
Environmental and safety factors like surface condition, rumble strips, school zones, medians, light conditions, and traffic controls are recorded here, as is weather.

**Non-Motorists**  
This is the area for information about any pedestrians and/or bicyclists involved.

Local ID

**Type of Crash**

Time Notified	Time Arrived	Other Location of Investigation			
		ID No.	Agency	Investigation Complete?	Photos Taken?
		ID No.	Agency	Date of Report	
		ID No.	Agency	Reviewing Officer	

**Police Officer**

The names, agencies, and identification numbers of responding officers will be recorded here.

**Narrative**

The officer's account of how the accident happened will typically include crash cause, configuration, and severity info.

UNIT INFORMATION				Page _____ of _____	
Local ID					
Driver's Name (Last, First, MI)			Safety Equipment Used		
City, State, Zip)			Safety Equipment Effective?		
Age			Gender		Ejection/Trapped
Lic Type		CDL Class	Lic State	EMS No.	Injured Attn
Status			Nature of Most Severe Injury		
Restrictions			Location of Most Severe Injury		
<input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment			<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input type="checkbox"/> None		
Test Given		Type Given			
NONE		<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		<input type="checkbox"/> Pending			
Veh#	Color	Vehicle Year	Make	Model	Style
Year	License #	License State			
Issued By	Phone Number				
Last, First, MI)			<input type="checkbox"/> Same as Driver		
Zip)					
Towed? To			Reason		
By					
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
Shipping Name:			State DOT#		
ICC#		CMV Inspection	If Yes		
Weight Rating		Cargo Body Type			
HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	Hazard Class #		
Initial Impact Area			<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Areas Damaged (Multiples)			<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Vehicle Use			Emergency Run? <input type="checkbox"/> Fire? <input type="checkbox"/> NO		
Vehicle Type					
Pre-Crash Vehicle Action					
Direction of Travel					
Type of Primary/Secondary Roadway					
One Way Traffic		Two Way Traffic			
<input type="checkbox"/> One Lane		<input type="checkbox"/> Two Lanes		<input type="checkbox"/> Private Drive	
<input type="checkbox"/> Two Lanes		<input type="checkbox"/> Multi-Lane Divided (3 or more)		<input type="checkbox"/> Alley	
<input type="checkbox"/> Multi-Lanes (3 or more)		<input type="checkbox"/> Multi-Lane Undivided 2 way left turn			
<input type="checkbox"/> Multi-Lane Undivided (3 or more)					
Event Collision With					

### Driver Information

More in-depth information about the drivers involved such as dates of birth, physical states (drunk, ill, fine), and drivers' restrictions, if any. If a drug or alcohol test was administered, that will be noted here, too.

### Injuries

Bodily damage is recorded here as well as the presence, and use of, safety equipment like seatbelts.

### Vehicle Information

Details about the involved vehicles such as make, model, year, speed limit, registration, etc.

### Impact

A small graphic provides space for identifying impact location on a vehicle(s).

### Large Trucks

If a tractor-trailer, semi, delivery van, or other such commercial vehicle was involved in the crash, that will be noted here.