INDIANA OPERATOR'S PROOF OF INSURANCE/CRASH REPORT

State Form 52441 (R / 2-06) / SR21

Clear Form

Collision Date MONTH	DAY	YEAR	Day of Week	Actual Local Time ☐ AM ☐ PM	# of Vehicles	Reporting Officer Name	Badge #	**Send form to Bureau of Motor Vehicles. Do not send to Indiana State Police.**

County where crash occurred	Nearest City/Town	Was Officer Report Taken?	Reporting Police Agency Name

Road Collision Occurred On:	Nearest Intersecting Road:	Direction and distance to nearest intersection:	Local ID

Insured

Print Driver's Name (Last, First, MI)			Driver's License Number

Address (Number, Street)		

City	State	ZIP

Sex	DATE OF BIRTH Month	Day	Year	License Type	License State

Print Owner's Name & Address					
Veh. Yr.	**Make**	**Model**	**Lic. Yr.**	**Lic. Plate #**	**Lic. State**

Other Drivers Involved

Print Driver's Name (Last, First, MI)			
Driver's License Number	**Sex**	**DATE OF BIRTH Month**	**Day** / **Year**

Print Driver's Name (Last, First, MI)			
Driver's License Number	**Sex**	**DATE OF BIRTH Month**	**Day** / **Year**

Print Driver's Name (Last, First, MI)			
Driver's License Number	**Sex**	**DATE OF BIRTH Month**	**Day** / **Year**

Name of Person Submitting This Report	Date Signed	Signature

THIS SECTION MUST CONTAIN THE SIGNATURE OF YOUR INSURANCE AGENT, IF YOU HAD INSURANCE AT THE TIME OF THE COLLISION. The company signatory hereto gives notice that its policy issued to the above named insured is a motor vehicle liability policy approved by the Commissioner of Insurance of the State of Indiana and was in effect on the date of the above described collision. **A signature by an insurance agent or authorized representative is verification that the above driver (Insured) was insured at the time of the collision. Omission of agent signature signifies the driver was NOT insured at the time of the collision.**

Insurance Company	Agency Name	Phone #

Date of Certification	Insured's Policy Number	Signature of Authorized Insurance Representative	Date

Instructions for Completing the Indiana Operator's Crash Report

Collisions resulting in injury, death or damage of $1000 or more (as determined by the reporting officer) must be reported on this form within 10 days.

- PRINT ALL INFORMATION USING ALL CAPITAL LETTERS (except your signature). Complete in black or blue INK.
- Answer all questions to the best of your knowledge. If you are unable to answer any question, mark "unknown" or "U".
- If the answer does not apply, mark with a slash (\) through the box.
- **YOU ARE THE INSURED. LIST THE DRIVER INFORMATION FOR ALL OTHER DRIVERS INVOLVED IN THE COLLISION UNDER "OTHER DRIVERS INVOLVED".**
- If you were insured at the time of the collision, you must have the signature of the insurance agent before mailing the report.
- Please submit this report to:

Important!
Send to:

Bureau of Motor Vehicles
PFR/Crash Report Section
P.O. Box 7169
Indianapolis, IN 46207

BY LAW, YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL IC 9-26-3-4

The driver of any motor vehicle involved in a crash that results in injury or death or total property damage of $1000 or more must make a report on this form within ten (10) days. The failure or refusal of any person to report a crash as required is cause for the suspension or revocation of the operator's or chauffeur's license and vehicle registration of such person. Such failure or refusal is also a misdemeanor. If the driver is physically incapable of making the report, any occupant of the vehicle is required to do so. A witness may also be required to make a report. A supplementary report will be required whenever an original report is insufficient.

The purpose of this report is to obtain information necessary to the administration of the Safety Responsibility Law and to obtain data useful in crash prevention. Complete and clear answers to all the questions are necessary. An accurate original report will avoid the necessity for supplementary reports. If you have difficulty in filling in the report, consult your nearest police authority or Bureau of Motor Vehicles at (317) 232-2840.