



INDIANA OFFICER'S STANDARD CRASH REPORT

Mail to: **Electronic Version**

Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204

Local ID

Date of Crash //	Day of Week //	Actual Local Time M	County	Township	# Motor Vehicles 1	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On			Nearest/Intersecting Road/MileMarker/Interchange		If not an intersection, number of feet from	Direction	Road Classification		
Inside Corporate Limits? NO	City/Town or Nearest City/Town			Property?	Crash Latitude		Crash Longitude		
Driver #1			Driver #2		Driver #3		Driver #4		

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Driver Contributing Circumstances	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Vehicle Contributing Circumstances
<input type="checkbox"/>	Alcoholic Beverages	<input type="checkbox"/>	Engine Failure or Defective
<input type="checkbox"/>	Illegal Drugs	<input type="checkbox"/>	Accelerator Failure or Defective
<input type="checkbox"/>	Prescription Drugs	<input type="checkbox"/>	Brake Failure or Defective
<input type="checkbox"/>	Driver Asleep or Fatigued	<input type="checkbox"/>	Tire Failure or Defective
<input type="checkbox"/>	Driver Illness	<input type="checkbox"/>	Headlight(s) Defective or Not On
<input type="checkbox"/>	Unsafe Speed	<input type="checkbox"/>	Other Lights Defective
<input type="checkbox"/>	Failure to Yield	<input type="checkbox"/>	Steering Failure
<input type="checkbox"/>	Disregard Signal	<input type="checkbox"/>	Window/Windshield Defective
<input type="checkbox"/>	Left of Center	<input type="checkbox"/>	Oversize/Overweight Load
<input type="checkbox"/>	Improper Passing	<input type="checkbox"/>	Insecure/Leaky Load
<input type="checkbox"/>	Improper Turning	<input type="checkbox"/>	Tow Hitch Failure
<input type="checkbox"/>	Improper Lane Usage	<input type="checkbox"/>	Other
<input type="checkbox"/>	Following Too Closely	<input type="checkbox"/>	None
<input type="checkbox"/>	Unsafe Backing	Environment Contributing Circumstances	
<input type="checkbox"/>	Overcorrecting	<input type="checkbox"/>	Glare
<input type="checkbox"/>	Ran off Road	<input type="checkbox"/>	Roadway Surface
<input type="checkbox"/>	Wrong Way on One Way	<input type="checkbox"/>	Holes/Ruts in Surface
<input type="checkbox"/>	Pedestrian's Action	<input type="checkbox"/>	Shoulder Defective
<input type="checkbox"/>	Passenger Distraction	<input type="checkbox"/>	Road Under Construction
<input type="checkbox"/>	Restriction Violation	<input type="checkbox"/>	Severe Crosswinds
<input type="checkbox"/>	Jackknifing	<input type="checkbox"/>	Obstruction Not Marked
<input type="checkbox"/>	Cell Phone Usage	<input type="checkbox"/>	Lane Marking Obscured
<input type="checkbox"/>	Other Telematics	<input type="checkbox"/>	View Obstructed
<input type="checkbox"/>	Driver Distracted	<input type="checkbox"/>	Animal/Object in Roadway
<input type="checkbox"/>	Speed/Weather Conditions	<input type="checkbox"/>	Traffic Ctl Inop/Missing/Obscure
<input type="checkbox"/>	Other	<input type="checkbox"/>	Utility Work
<input type="checkbox"/>	None	<input type="checkbox"/>	Other
		<input type="checkbox"/>	None

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
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?	NO

Total Estimate of all damage in the Crash:

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist		
<input type="checkbox"/> Witness #	(Last Name, First Name, MI)		(Last Name, First Name, MI)		
<input type="checkbox"/> Other Participant			Non-Motorist Type		Non-Motorist Action
Address etc.			Apparent Physical Condition		
Phone #	Location at Time of Crash		Cited?	Direction	
<input type="checkbox"/> Witness #	(Last Name, First Name, MI)		Street/Highway		
<input type="checkbox"/> Other Participant			Traffic Control? If yes, was traffic control operational?		
Address etc.					
Phone #	Location at Time of Crash				

Local ID

**Type of
Crash**

Time Notified M	Time Arrived M	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? NO	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report //	
Investigating Officer		ID No.	Agency	Reviewing Officer	

Narrative

Sample

UNIT INFORMATION

Local ID

Driver's Name (Last, First, MI)				Safety Equipment Used			
Address (Street, City, State, Zip)				Safety Equipment Effective?			
Ejection/Trapped				Date of Birth			
Age		Gender		EMS No.		Driver Injury Status	
Driver's License #		Lic Type	CDL Class	Lic State	Nature of Most Severe Injury		
Apparent Physical Status <input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <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"/> To/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	Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Test Given		Type Given		IC Codes			
<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Alcohol Results Certified Test <input type="checkbox"/> Pending PBT		Drug Results			
Veh#	Color	Vehicle Year	Make	Model	Style	Initial Impact Area	
1						<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
# Occupants		Lic Year	License #	License State		Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
# Axles	Speed Limit	Insured By		Phone Number			
Registered Owner's Name (Last, First, MI)				<input type="checkbox"/> Same as Driver			
Address (Street, City, State, Zip)				Areas Damaged (Multiples)			
				<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Towed?	Towed To		Towed 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						Vehicle Use
		Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver	Emergency Run?
License#		Address (Street, City, State, Zip)					
Veh Year	Make						Fire?
Commercial Vehicle: Carrier's Name and Address				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)	
HAZMAT Proper Shipping Name:				Collision Crash			
US DOT#		ICC#		State DOT#			
Vehicle Identification#			CMV Inspection	If Yes			
Gross Vehicle Weight Rating		Cargo Body Type					
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #				
				Non-Collision Crash			