

INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23558 (Revised 2/03) Stook 302

Mail to:

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



000012345

Report Original Supplemental Page of

Local ID

Date of Crash Month Day Year	Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
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Road Crash Occurred On	Nearest/Intersecting Road /MileMarker/Interchange	If not at an intersection, number of feet from	Direction	Road Type <input type="radio"/> Interstate <input type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other
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City/Town or Nearest City/Town	Inside Corporate Limits? <input type="radio"/> Yes <input type="radio"/> No	Property? <input type="radio"/> Private <input type="radio"/> DNR <input type="radio"/> Other	Crash Latitude	Crash Longitude
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Driver #1	Driver #2	Driver #3	Driver #4
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Fill in only one Primary Cause for the crash

Fill in up to two ovals per vehicle for Driver Contributing Circumstances	Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances																																																																																																																																																																																																																		
<table border="1"> <tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr> <tr><td>Alcoholic Beverages</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Illegal Drugs</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Prescription Drugs</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Driver Asleep or Fatigued</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Driver Illness</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Unsafe Speed</td><td><input type="radio"/></td><td><input 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Area Information: Fill in one oval per category

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

Total Estimate of all damage in the Crash:	<input type="radio"/> Under \$750	<input type="radio"/> \$1001-\$2500	<input type="radio"/> \$5001-\$10,000	<input type="radio"/> \$25,001-\$50,000
	<input type="radio"/> \$750-\$1000	<input type="radio"/> \$2501-\$5000	<input type="radio"/> \$10,001-\$25,000	<input type="radio"/> \$50,001-\$100,000
			<input type="radio"/> Over \$100,000	

Other Property Damage (Include Cargo)

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

Witness/Other Participant

<input type="radio"/> Witness	#	(Last Name, First Name, MI)	Phone #
<input type="radio"/> Other Participant			
Location at Time of Crash		Address etc.	
<input type="radio"/> Witness	#	(Last Name, First Name, MI)	Phone #
<input type="radio"/> Other Participant			
Location at Time of Crash		Address etc.	
<input type="radio"/> Witness	#	(Last Name, First Name, MI)	Phone #
<input type="radio"/> Other Participant			
Location at Time of Crash		Address etc.	

Non-Motorist (Last Name, First Name, MI)

Non-Motorist <input type="radio"/> Pedestrian <input type="radio"/> Pedal cyclist <input type="radio"/> Other	Apparent Physical Condition <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	Non-Motorist Action <input type="radio"/> On designated non-motorists lane <input type="radio"/> Not in roadway <input type="radio"/> On shoulder <input type="radio"/> On roadway <input type="radio"/> With traffic <input type="radio"/> Against traffic <input type="radio"/> Crossing at intersection <input type="radio"/> Crossing not at intersection <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 on or on a school bus <input type="radio"/> Other (Explain in Narrative)
Cited? <input type="radio"/> Yes <input type="radio"/> No	Traffic Control? <input type="radio"/> Yes <input type="radio"/> No	If yes, was traffic control operational? <input type="radio"/> Yes <input type="radio"/> No
Street/Highway <input type="text"/>		



Local ID

000012345

Dr# <input type="text"/>		Driver's Name (Last, First, MI) <input type="text"/>		Address (Street, City, State, Zip) <input type="text"/>		Date Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Age <input type="text"/>		Safety Equipment Used <input type="checkbox"/> No restraint <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Harness <input type="checkbox"/> Child Restraint <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag (No Restraint) <input type="checkbox"/> Airbag + Harness <input type="checkbox"/> Unknown		Safety Equipment Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Ejection/Trapped <input type="checkbox"/> Not Ejected or Trapped <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Ejected <input type="checkbox"/> Trapped In <input type="checkbox"/> Pinned Under <input type="checkbox"/> Unknown			
Driver's License # <input type="text"/>		Lic Type <input type="text"/>		CDL Class <input type="text"/>		Lic State <input type="text"/>		EOMS No. <input type="text"/>		Nature of Most Severe Injury <input type="checkbox"/> Severed <input type="checkbox"/> Internal <input type="checkbox"/> Minor Burn <input type="checkbox"/> Severe Burn <input type="checkbox"/> Abrasion <input type="checkbox"/> Minor Bleeding <input type="checkbox"/> Severe Bleeding (Arterial) <input type="checkbox"/> Fracture/Dislocation <input type="checkbox"/> Contusion/Bruise <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> None Visible <input type="checkbox"/> Other (Explain in Narrative)		Location of Most Severe Injury <input type="checkbox"/> Chest <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder/Upper Arm <input type="checkbox"/> Elbow/Lower Arm <input type="checkbox"/> Abdoman/Pelvis <input type="checkbox"/> Hip/Upper Leg <input type="checkbox"/> Knee/Lower Leg/Foot <input type="checkbox"/> Entire Body					
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 only <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		Driver Injury Status <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Non Fatal Injury <input type="checkbox"/> Incapacitating <input type="checkbox"/> Non-Incapacitating <input type="checkbox"/> Unknown <input type="checkbox"/> Refused		<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Results Alcohol <input type="text"/> Drug <input type="text"/> <input type="checkbox"/> Pending		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		IC Code <input type="text"/> IC Code <input type="text"/>			
Veh# <input type="text"/>		Color <input type="text"/>		Vehicle Year <input type="text"/>		Make <input type="text"/>		Model Name <input type="text"/>		Style <input type="text"/>		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			
# Occupants <input type="text"/>		Lic Year <input type="text"/>		License # <input type="text"/>		License State <input type="text"/>		# Axles <input type="text"/>		Speed Limit <input type="text"/>		Insured By <input type="text"/>		Phone Number <input type="text"/>			
Registered Owner's Name (Last, First, MI) <input type="text"/>		Same as Driver <input type="checkbox"/>		Address (Street, City, State, Zip) <input type="text"/>		Vehicle Use		<input type="checkbox"/> Personal (Farm, Company) <input type="checkbox"/> Commercial (Buses, Taxis, Common and Contract Carriers) <input type="checkbox"/> Rental, not leased <input type="checkbox"/> School <input type="checkbox"/> Police*		<input type="checkbox"/> Fire* <input type="checkbox"/> Ambulance* <input type="checkbox"/> Military <input type="checkbox"/> Highway Department <input type="checkbox"/> Other Government (Postal, etc) <input type="checkbox"/> Public Utilities (Gas, Electric, etc) <input type="checkbox"/> Other (Explain in Narrative)		*Emergency Run? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To <input type="text"/>		Towed By <input type="text"/>		Vehicle Type <input type="checkbox"/> Passenger Car/Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Truck (Single Unit 2 axle, 6 tires) <input type="checkbox"/> Truck (Single Unit 3 or more axles) <input type="checkbox"/> Truck/Trailer (not semi) <input type="checkbox"/> Tractor/One Semi Trailer <input type="checkbox"/> Tractor/Double Trailers <input type="checkbox"/> Tractor/ Triple Trailers		<input type="checkbox"/> Tractor (Cab Only-No Trailer) <input type="checkbox"/> Motor Home/Recreational Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bus/Seats 9-15 Persons including the driver <input type="checkbox"/> Bus/Seats 15+ Persons including the driver <input type="checkbox"/> School Bus <input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Combination Vehicle <input type="checkbox"/> Unknown Type (not classified) <input type="checkbox"/> Moped		Pre-Crash Vehicle Action <input type="checkbox"/> Going Straight <input type="checkbox"/> Backing <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Turning Right <input type="checkbox"/> Turning Left <input type="checkbox"/> Making U Turn <input type="checkbox"/> Merging <input type="checkbox"/> Starting in Traffic <input type="checkbox"/> Driving Left of Center <input type="checkbox"/> Crossing the Median <input type="checkbox"/> Slowing or Stopped in Traffic <input type="checkbox"/> Unattended Moving Vehicle <input type="checkbox"/> Avoiding Object in Road <input type="checkbox"/> Entering Traffic Lane <input type="checkbox"/> Leaving Traffic Lane <input type="checkbox"/> Parked							
Tri# <input type="text"/>		Lic State <input type="text"/>		Lic Year <input type="text"/>		Registered Owner's Name (Last, First, MI) <input type="text"/>		Address (Street, City, State, Zip) <input type="text"/>		Direction of Travel <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest		Type of Primary/Secondary Roadway One Way Traffic <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more)		Two Way Traffic <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley			
Veh Year <input type="text"/>		Make <input type="text"/>		Tri# <input type="text"/>		Lic State <input type="text"/>		Lic Year <input type="text"/>		Registered Owner's Name (Last, First, MI) <input type="text"/>		Address (Street, City, State, Zip) <input type="text"/>		If a Collision Crash Fill in only one oval in this category <input type="checkbox"/> Another Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Impact Attenuator/Crash Cushion <input type="checkbox"/> Bridge Overhead Structure <input type="checkbox"/> Bridge Pier or Abutment <input type="checkbox"/> Bridge Parapet End <input type="checkbox"/> Bridge Rail <input type="checkbox"/> Guardrail Face <input type="checkbox"/> Guardrail End <input type="checkbox"/> Median Barrier <input type="checkbox"/> Highway Traffic Sign Post		<input type="checkbox"/> Deer <input type="checkbox"/> Animal Other than Deer <input type="checkbox"/> Animal Drawn Vehicle <input type="checkbox"/> Overhead Sign Post <input type="checkbox"/> Light Support <input type="checkbox"/> Utility Pole <input type="checkbox"/> Culvert <input type="checkbox"/> Embankment <input type="checkbox"/> Other Post/Pole/or Support <input type="checkbox"/> Wall/Building/Tunnel, etc <input type="checkbox"/> Work Zone Maintenance Equip. <input type="checkbox"/> Other (explain in narrative)	
Veh# <input type="text"/>		Commercial Vehicle: Carrier's Name and Address <input type="text"/>		US DOT# <input type="text"/>		ICC# <input type="text"/>		State DOT# <input type="text"/>		Vehicle Identification# <input type="text"/>		CMV Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If <input type="checkbox"/> L1 <input type="checkbox"/> L3		Or if a Non-Collision Crash Fill in only one oval in this category <input type="checkbox"/> Overturn/Rollover <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife <input type="checkbox"/> Cargo/Equipment Shift or Loss <input type="checkbox"/> Off Roadway <input type="checkbox"/> Fell from vehicle			
Gross Vehicle Weight Rating <input type="checkbox"/> Less than 10,000# <input type="checkbox"/> 10,001-26,000# <input type="checkbox"/> 26,001# or more		Cargo Body Type <input type="checkbox"/> Grain, Chip, Gravel, Coal <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Bus		<input type="checkbox"/> Van/Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Concrete Mixer		<input type="checkbox"/> Auto Transport <input type="checkbox"/> Pole <input type="checkbox"/> Other (Explain in Narrative)		HAZMAT Proper Shipping Name: <input type="text"/>		HAZMAT Placard <input type="checkbox"/> Yes <input type="checkbox"/> No HAZMAT Release of Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT 4-Digit ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hazard Class # <input type="text"/>					

Injured Pre-crash Location: Veh# Pedalcyclist Pedestrian Other (Explain in Narrative)

Name (Last, First, MI) Address, etc.

Date of Birth: / / Age:

Gender: Male Female Unknown

Position in or on Vehicle

Front Rear

Victim Injury Status: Fatal Injury Non Fatal Injury

Nature of Most Severe Injury: Severed Minor Burn Internal Severe Burn Abrasion Minor Bleeding Severe Bleeding (Arterial) Fracture/Dislocation Contusion/Bruise Complaint of Pain None Visible Other (Explain in Narrative)

Location of Most Severe Injury: Head Face Eye Neck Chest Back Shoulder/Upper Arm Elbow/Lower Arm Abdoman/Pelvis Hip/Upper Leg Knee/LowerLeg/Foot Entire Body

Safety Equipment Used: No restraint Lap Belt Only Harness Child Restraint Helmet Airbag (No Restraint) Airbag+ Harness Unknown

Safety Equipment Effective?: Yes No N/A

Ejection/Trapped: Not Ejected or Trapped Partially Ejected Ejected Trapped In Pinned Under Unknown

Test Given: None Alcohol Drug Alcohol+Drug Refused

Type Given: Blood Urine Breath SFST PBT

Results: Alcohol Drug Pending

Injured Pre-crash Location: Veh# Pedalcyclist Pedestrian Other (Explain in Narrative)

Name (Last, First, MI) Address, etc.

Date of Birth: / / Age:

Gender: Male Female Unknown

Position in or on Vehicle

Front Rear

Victim Injury Status: Fatal Injury Non Fatal Injury

Nature of Most Severe Injury: Severed Minor Burn Internal Severe Burn Abrasion Minor Bleeding Severe Bleeding (Arterial) Fracture/Dislocation Contusion/Bruise Complaint of Pain None Visible Other (Explain in Narrative)

Location of Most Severe Injury: Head Face Eye Neck Chest Back Shoulder/Upper Arm Elbow/Lower Arm Abdoman/Pelvis Hip/Upper Leg Knee/LowerLeg/Foot Entire Body

Safety Equipment Used: No restraint Lap Belt Only Harness Child Restraint Helmet Airbag (No Restraint) Airbag+ Harness Unknown

Safety Equipment Effective?: Yes No N/A

Ejection/Trapped: Not Ejected or Trapped Partially Ejected Ejected Trapped In Pinned Under Unknown

Test Given: None Alcohol Drug Alcohol+Drug Refused

Type Given: Blood Urine Breath SFST PBT

Results: Alcohol Drug Pending

Injured Pre-crash Location: Veh# Pedalcyclist Pedestrian Other (Explain in Narrative)

Name (Last, First, MI) Address, etc.

Date of Birth: / / Age:

Gender: Male Female Unknown

Position in or on Vehicle

Front Rear

Victim Injury Status: Fatal Injury Non Fatal Injury

Nature of Most Severe Injury: Severed Minor Burn Internal Severe Burn Abrasion Minor Bleeding Severe Bleeding (Arterial) Fracture/Dislocation Contusion/Bruise Complaint of Pain None Visible Other (Explain in Narrative)

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Safety Equipment Effective?: Yes No N/A

Ejection/Trapped: Not Ejected or Trapped Partially Ejected Ejected Trapped In Pinned Under Unknown

Test Given: None Alcohol Drug Alcohol+Drug Refused

Type Given: Blood Urine Breath SFST PBT

Results: Alcohol Drug Pending

Injured Pre-crash Location: Veh# Pedalcyclist Pedestrian Other (Explain in Narrative)

Name (Last, First, MI) Address, etc.

Date of Birth: / / Age:

Gender: Male Female Unknown

Position in or on Vehicle

Front Rear

Victim Injury Status: Fatal Injury Non Fatal Injury

Nature of Most Severe Injury: Severed Minor Burn Internal Severe Burn Abrasion Minor Bleeding Severe Bleeding (Arterial) Fracture/Dislocation Contusion/Bruise Complaint of Pain None Visible Other (Explain in Narrative)

Location of Most Severe Injury: Head Face Eye Neck Chest Back Shoulder/Upper Arm Elbow/Lower Arm Abdoman/Pelvis Hip/Upper Leg Knee/LowerLeg/Foot Entire Body

Safety Equipment Used: No restraint Lap Belt Only Harness Child Restraint Helmet Airbag (No Restraint) Airbag+ Harness Unknown

Safety Equipment Effective?: Yes No N/A

Ejection/Trapped: Not Ejected or Trapped Partially Ejected Ejected Trapped In Pinned Under Unknown

Test Given: None Alcohol Drug Alcohol+Drug Refused

Type Given: Blood Urine Breath SFST PBT

Results: Alcohol Drug Pending