



Indiana Officer's Standard Crash Report

State Form: 23558 (Revised 9/4/01) Stock 302

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



080120038

Report	<input checked="" type="radio"/> Original	<input type="radio"/> Supplemental	Page	1	of	3			
	0	8	0	1	2	0	0	3	8
Local ID	20030801835								

Date/Location

Date of Crash Month Day Year 8 1 2003	Day of Week Friday	Actual Local Time 6:15 <input checked="" type="radio"/> AM <input type="radio"/> PM	County Marion	County # 246	Township	No. Motor Vehicles 2	No. Injured 2	No. Dead 0	No. Trailers 0
Road Crash Occurred On S College Ave		Intersecting Road/Mile Marker/Interchange E Market St		City/Town or Nearest City/Town Indianapolis		Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Property? <input checked="" type="radio"/> Private <input type="radio"/> Other		
If not an intersection, number of feet from		Direction	Nearest Intersecting Road/Mile Marker/Interchange	Distance and Direction from Corporate Limits Miles North _____ Miles East _____ Miles South _____ Miles West _____		Road Classification <input type="radio"/> Interstate <input type="radio"/> US Route <input type="radio"/> State Road <input type="radio"/> County Road <input checked="" type="radio"/> Local/City Road <input type="radio"/> Unknown			

Fill in only one primary cause for the crash.

Fill in up to two ovals per vehicle for Driver Contributing Circumstance.

A

Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstance.

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

Crash Latitude	Crash Longitude
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Fill in only one oval per vehicle per category.

B

Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Pre-Crash Vehicle Action		Traffic Controls	
<input checked="" type="radio"/> Going Straight	<input type="radio"/>	<input type="radio"/> Office/Crossing Guard/Flagman	<input type="radio"/>
<input type="radio"/> Backing	<input type="radio"/>	<input type="radio"/> RR Crossing Gate/Flagman	<input type="radio"/>
<input type="radio"/> Changing Lanes	<input type="radio"/>	<input type="radio"/> RR Crossing Flashing Signal	<input type="radio"/>
<input type="radio"/> Overtaking/Passing	<input type="radio"/>	<input type="radio"/> RR Crossing Sign	<input type="radio"/>
<input type="radio"/> Turning Right	<input type="radio"/>	<input type="radio"/> Traffic Control Signal	<input type="radio"/>
<input type="radio"/> Turning Left	<input type="radio"/>	<input type="radio"/> Flashing Signal	<input type="radio"/>
<input type="radio"/> Making U Turn	<input type="radio"/>	<input type="radio"/> Stop Sign	<input type="radio"/>
<input type="radio"/> Merging	<input type="radio"/>	<input type="radio"/> Yield Sign	<input type="radio"/>
<input type="radio"/> Entering Traffic Lane	<input type="radio"/>	<input type="radio"/> Lane Control	<input type="radio"/>
<input type="radio"/> Leaving Traffic Lane	<input type="radio"/>	<input type="radio"/> No Passing Zone	<input type="radio"/>
<input type="radio"/> Parked	<input type="radio"/>	<input type="radio"/> Other Regulatory Sign/Markings	<input type="radio"/>
<input type="radio"/> Slowing or Stopped in Traffic	<input type="radio"/>	<input type="radio"/> (Explain in Narrative)	<input type="radio"/>
<input type="radio"/> Unattended Moving Vehicle	<input type="radio"/>	<input checked="" type="radio"/> None	<input type="radio"/>
<input type="radio"/> Avoiding Object in Roadway	<input type="radio"/>	* Was traffic control operational?	<input type="radio"/>
<input type="radio"/> Starting in Traffic	<input type="radio"/>	<input checked="" type="radio"/> Yes	<input type="radio"/>
<input type="radio"/> Driving Left of Center	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>
<input type="radio"/> Crossing the Median	<input type="radio"/>	<input type="radio"/> Not Applicable	<input type="radio"/>

Fill in only one oval per category.

C

Hit and Run	Light Condition	Type of Median
<input type="radio"/> Yes	<input type="radio"/> Daylight	<input checked="" type="radio"/> Drivable
<input checked="" type="radio"/> No	<input checked="" type="radio"/> Dawn/Dusk	<input type="radio"/> Curbed
Locality	<input type="radio"/> Dark (Lighted)	<input type="radio"/> Barrier Wall
<input type="radio"/> Rural	<input type="radio"/> Dark (Not Lighted)	Type of Roadway Junction
<input checked="" type="radio"/> Urban	<input type="radio"/> Unknown	<input type="radio"/> No Junction Involved
School Zone	Weather Conditions	<input checked="" type="radio"/> Four-Way Intersection
<input type="radio"/> Yes	<input type="radio"/> Clear	<input type="radio"/> T-Intersection
<input checked="" type="radio"/> No	<input type="radio"/> Cloudy	<input type="radio"/> Y-Intersection
Rumble Strips	<input type="radio"/> Rain	<input type="radio"/> Traffic Circle/Roundabout
<input type="radio"/> Yes	<input type="radio"/> Snow	<input type="radio"/> Five Point or More Interchange
<input checked="" type="radio"/> No	<input type="radio"/> Sleet/Hail/Freezing Rain	<input type="radio"/> Ramp
Construction	<input type="radio"/> Fog/Smoke/Smog	Road Character
<input type="radio"/> Yes	<input type="radio"/> Severe Cross Wind	<input checked="" type="radio"/> Straight/Level
<input checked="" type="radio"/> No	<input type="radio"/> Blowing Sand/Soil/Snow	<input type="radio"/> Straight/Grade
Construction Type	Surface Condition	<input type="radio"/> Straight/Hillcrest
<input type="radio"/> Lane Closure	<input type="radio"/> Dry	<input type="radio"/> Curve/Level
<input type="radio"/> X-Over/Lane Shift	<input type="radio"/> Wet	<input type="radio"/> Curve/Grade
<input type="radio"/> Work on Shoulder	<input type="radio"/> Muddy	<input type="radio"/> Curve/Hillcrest
<input type="radio"/> Intermittent or Moving Work	<input type="radio"/> Snow/Slush	<input type="radio"/> Non-Roadway Crash
	<input type="radio"/> Ice	
	<input checked="" type="radio"/> Loose Material on Road (Gravel, etc.)	
	<input type="radio"/> Water (Standing or Moving)	

Drv # 1	Driver's Name (Last, First, MI) Thomlin, Lee R	Age 47	Date of Birth 7 8 1956
Address (Street, City, State, Zip) 2500 Pleasant Hill Rd Indianapolis, IN 46202		Lic. Type 5	CDL Class 4
Driver's License No. 45616546		Lic. State IN	
Drv # 2	Driver's Name (Last, First, MI) Brown, Chris P	Age 23	Date of Birth 3 14 1980
Address (Street, City, State, Zip) 4378 River Rd Indianapolis, IN		Lic. Type 5	CDL Class 4
Driver's License No. 565165465165		Lic. State IN	

Fill in only one oval per driver per category.

D

Driver 1	Driver 2	Driver 1	Driver 2
Gender		Safety Equipment Used	
<input checked="" type="radio"/> Male	<input type="radio"/>	<input type="radio"/> No Restraint	<input type="radio"/>
<input type="radio"/> Female	<input type="radio"/>	<input type="radio"/> Lap Belt Only	<input type="radio"/>
<input type="radio"/> Unknown	<input type="radio"/>	<input checked="" type="radio"/> Harness	<input type="radio"/>
Ejected/Trapped		<input type="radio"/> Helmet	<input type="radio"/>
<input checked="" type="radio"/> Not Ejected or Trapped	<input type="radio"/>	<input type="radio"/> Airbag Deployed (No Restraint)	<input type="radio"/>
<input type="radio"/> Partially Ejected	<input type="radio"/>	<input type="radio"/> Airbag Deployed + Harness	<input type="radio"/>
<input type="radio"/> Ejected	<input type="radio"/>	<input checked="" type="radio"/> Unknown	<input type="radio"/>
<input type="radio"/> Trapped In	<input type="radio"/>	<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/>
<input type="radio"/> Pinned Under	<input type="radio"/>	Safety Equipment Effective?	
<input type="radio"/> Unknown	<input type="radio"/>	<input checked="" type="radio"/> Yes	<input type="radio"/>
		<input type="radio"/> No	<input type="radio"/>
		<input type="radio"/> Not Applicable	<input type="radio"/>

Fill in all that apply.

E

Driver 1	Driver 2	Restrictions
Apparent Physical Condition		<input checked="" type="radio"/> Glasses/Contact Lenses
<input type="radio"/> Normal	<input type="radio"/>	<input type="radio"/> Outside Rearview Mirror
<input checked="" type="radio"/> Had Been Drinking	<input type="radio"/>	<input type="radio"/> Daylight Driving
<input type="radio"/> Handicapped	<input type="radio"/>	<input type="radio"/> Automatic Transmission
<input type="radio"/> Ill	<input type="radio"/>	<input type="radio"/> Special Controls
<input type="radio"/> Fatigued	<input type="radio"/>	<input type="radio"/> Employment Only
<input type="radio"/> Asleep	<input type="radio"/>	<input type="radio"/> Motorcycle Only
<input type="radio"/> Drugs/Medication	<input type="radio"/>	<input type="radio"/> To/From Employment Only
If Cited?		<input type="radio"/> Employers Vehicle Only
<input type="radio"/> Infraction	<input type="radio"/>	<input type="radio"/> Authorized State-Owned Vehicles Only
<input type="radio"/> Misdemeanor	<input type="radio"/>	<input type="radio"/> P.P. Chauffeurs Restricted to Taxi Only
<input checked="" type="radio"/> Felony	<input type="radio"/>	<input type="radio"/> Power Steering
		<input type="radio"/> Special Restrictions
		<input type="radio"/> Probation DWI
		<input type="radio"/> Probation HTO

Drivers



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Veh #	Color	Vehicle Year	Make	Model Name	Veh #	Color	Vehicle Year	Make	Model Name		
1	Red	2003	Ford	Ranger	2	Black	1999	Honda	Accord		
No. Occupants		Lic. Year	License No.	License State	No. Occupants		Lic. Year	License No.	License State		
1		2003	DSE484	IN	2		2003	56CS415	IN		
No. Axles	Speed Limit	Insured By		Phone No.	No. Axles	Speed Limit	Insured By		Phone No.		
2	35	Downtown Insurance		(555)555-4516	2	55	1st Class Insurers		(555)555-6767		
Registered Owner's Name (Last, First, MI)					Registered Owner's Name (Last, First, MI)						
Thomlin, Lee R					Brown, Chris P						
Address (Street, City, State, Zip)					Address (Street, City, State, Zip)						
2500 Pleasant Hill Rd Indianapolis, IN 46202					4378 River Rd Indianapolis, IN 46202						
Towed?		Towed To		Towed By		Towed?		Towed To		Towed By	
<input checked="" type="radio"/> Yes		A-1 Garage		A-1 Towing		<input checked="" type="radio"/> Yes		Ken's Garage		Ken's Towing	
<input type="radio"/> No						<input type="radio"/> No					

Fill in only one oval for each vehicle category. F

Vehicles

Vehicle 1 Vehicle 2

Vehicle Use

Personal (Farm, Company)
 Commercial (Buses, Taxis, Common and Contract Carriers)
 Rental, not leased
 School
 Police
 Fire
 Ambulance
 Military
 Highway Department
 Other Government (Postal, etc.)
 Public Utilities (Gas, Electric, etc.)
 Other (Explain in Narrative)

Vehicle Type

Passenger Car/Station Wagon
 Pickup
 Van
 Sport Utility Vehicle
 Truck (Single Unit 2 Axle, 6 Tires)
 Truck (Single Unit 3 or more Axles)
 Truck/Trailer (not semi)
 Tractor/One Semi Trailer
 Tractor/Double Trailers
 Tractor/Triple Trailers
 Tractor (Cab Only, No Trailer)
 Motor Home/Recreational Vehicle
 Motorcycle
 Bus/Seats 9-15 Persons including Driver
 Bus/Seats 15 + Persons including Driver
 School Bus
 Unknown Type (Not Classified)
 Farm Vehicle
 Combination Vehicle

Type of Primary/Secondary Roadway at Scene of Crash

One Way Traffic

One Lane
 Two Lanes
 Multi-Lanes (3 or more)

Two Way Traffic

Two Lanes
 Multi-Lane Undivided (3 or more)
 Multi-Lane Undivided, 2-way left turn
 Multi-Lane Divided (3 or more)
 Alley
 Private Drive

Direction of Travel

North
 South
 East
 West
 Northwest
 Northeast
 Southwest
 Southeast

Emergency Run?

Yes
 No

Fire?

Yes
 No

Fill in only one oval for each vehicle. G

Vehicle 1 Vehicle 2

Collision with Fixed Object

Impact Attenuator/Crash Cushion
 Bridge Overhead Structure
 Bridge Pier or Abutment
 Bridge Parapet End
 Bridge Rail
 Guardrail Face
 Guardrail End
 Median Barrier
 Highway Traffic Sign Post
 Overhead Sign Post
 Light/Luminaire Support
 Utility Pole
 Other Post/Pole or Support
 Wall/Building/Tunnel, etc
 Work Zone Maintenance Equipment
 Embankment
 Curb Fence
 Ditch Mailbox
 Culvert Tree
 Other (Explain in Narrative)

Collision with Vehicle/Person/Non-Fixed Object

Another Motor Vehicle
 Pedestrian
 Bicycle
 Railway Vehicle/Train/Engine
 Deer
 Animal Other Than Deer
 Animal Drawn Vehicle

Non-Collision Crash

Overturn/Rollover
 Fire/Explosion
 Immersion
 Jackknife
 Cargo/Equipment Shift or Loss
 Off Roadway

Injured 2 Name (Last, First, MI), Address, etc.

Brown, Tara J
4378 River Rd
Indianapolis, IN 46202

Age 19 Date of Birth 9/21/1983

Gender Male Female Unknown

Injured 1 Name (Last, First, MI), Address, etc.

Brown, Chris P
4378 River Rd
Indianapolis, IN 46202

Age 23 Date of Birth 3/14/1980

Gender Male Female Unknown

Injured 3 Name (Last, First, MI), Address, etc.

Age _____ Date of Birth _____

Gender Male Female Unknown

Fill in only one oval for each driver/other injured category. H

Injured

Injured 1 Injured 2 Injured 3

Safety Equipment Used

No Restraint
 Lap Belt Only
 Harness
 Child Restraint
 Helmet
 Airbag (No Restraint)
 Airbag + Harness
 Unknown
 Other (Explain in Narrative)

Safety Equipment Effective?

Yes
 No
 Not Applicable

Ejected/Trapped

Not Ejected or Trapped
 Partially Ejected
 Ejected
 Trapped In
 Pinned Under
 Unknown

Victim's Injury Status

Fatal Injury
 Nonfatal Injury
 Incapacitating
 Non-incapacitating
 Possible
 Not Reported
 Unknown

Nature of Most Severe Injury

Severed
 Internal
 Minor Burn
 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

Chest
 Neck
 Eye
 Face
 Head
 Back
 Shoulder/Lower Arm
 Elbow/Lower Arm
 Abdomen/Pelvis
 Hip/Upper Leg
 Knee/Lower Leg/Foot
 Entire Body

EMS No.

Driver 1 561654
 Driver 2 6565465
 Injured 1 6565465
 Injured 2 56156545
 Injured 3 _____

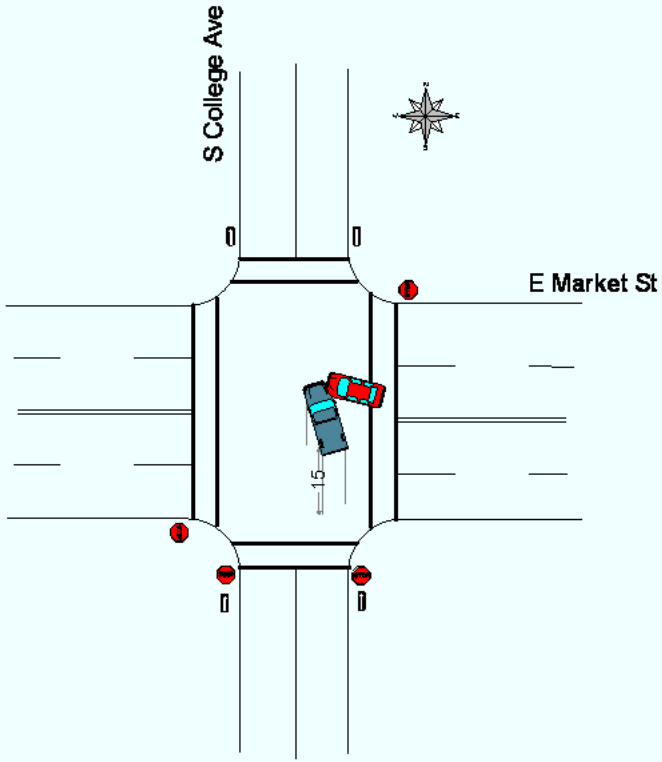
Local ID
20030801835



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Diagram
(Refer to Vehicle by Number)

- Rear End
- Head On
- Rear to Rear
- Same Direction Sideswipe
- Opposite Direction Sideswipe
- Ran Off Road
- Right Angle
- Left Turn
- Right Turn
- Left/Right Turn



Narrative

Vehicle 2 was speeding excessively and entered the intersection without stopping. Vehicle 1 was unable to stop in time to avoid a collision.

Time Notified	<input checked="" type="radio"/> AM <input type="radio"/> PM	Time Arrived	<input checked="" type="radio"/> AM <input type="radio"/> PM	Other Location of Investigation				
6:40		7:00						
Assisting Officer			ID No.	Agency	Investigation Complete?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Photos Taken?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Assisting Officer			ID No.	Agency	Date of Report	Driver Report Form Furnished?		
					08/01/2003	D1 <input type="radio"/> D2 <input type="radio"/>		
Investigating Officer (printed)			ID No.	Agency				
Trevor McBain			56165754	Indianapolis City PD				
Investigating Officer's Signature			<i>Trevor McBain</i>					