HOW TO READ YOUR INDIANA ACCIDENT REPORT

The top of this page includes information about exactly when and where your accident happened in Indiana. The number of vehicles involved as well as the number of injuries and fatalities in the accident can be found here, as well. Verify all this information. Insurance companies often point out any discrepancies when denying accident claims.

The middle of this page contains information about the primary cause of your accident. Some of the options the investigating police officer can check include “unsafe speed,” “driver asleep or fatigued,” “improper passing” and “alcoholic beverages.” The same part of the page on the right side contains information about whether your accident was a hit-and-run, weather conditions and whether your crash took place on a rural or city road.

The bottom of the page contains the contact information for witnesses who saw your crash, as well as information about any pedestrians or other non-motorists injured in your accident.

PAGE ONE

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INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23568 (Revised 2/03) Stock 302
Mail to:
Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204

000012345

Report ⬭ Original ⬭ Supplemental | Page | of

Local ID

Day of Week	Actual Local Time ⬭ AM ⬭ PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer

Occurred On	Nearest/Intersecting Road /MileMarker/Interchange	If not at an intersection, number of feet from	Direction	Road Type ⬭ Interstate ⬭ County Road ⬭ US Road ⬭ Local/City Road ⬭ State Road ⬭ Other

Nearest City/Town	Inside Corporate Limits? ⬭ Yes ⬭ No	Property? ⬭ Private ⬭ DNR ⬭ Other	Crash Latitude	Crash Longitude

	Driver #2	Driver #3	Driver #4

Fill in only one Primary Cause for the crash

o two ovals
e for Driver
ng Circumstances

Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4

tributing Circumstance

- ⬭ Alcoholic Beverages
- ⬭ Illegal Drugs
- ⬭ Prescription Drugs
- ⬭ Driver Asleep or Fatigued
- ⬭ Driver Illness
- ⬭ Unsafe Speed
- ⬭ Failure to Yield Right of Way
- ⬭ Disregard Signal/Regulatory Sign
- ⬭ Left of Center
- ⬭ Improper Passing
- ⬭ Improper Turning
- ⬭ Improper Lane Usage
- ⬭ Following Too Closely
- ⬭ Unsafe Backing
- ⬭ Overcorrecting/Oversteering
- ⬭ Ran off Road
- ⬭ Wrong Way on One Way
- ⬭ Pedestrian's Action
- ⬭ Passenger Distraction
- ⬭ Violation of License Restriction
- ⬭ Jackknifing
- ⬭ Cell Phone Usage
- ⬭ Other Telematics in Use
- ⬭ Driver Distracted (Explain in Narrative)
- ⬭ Speed Too Fast for Weather Conditions
- ⬭ Other (Explain in Narrative)
- ⬭ None

Vehicle Contributing Circumstance

- ⬭ 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
- ⬭ Insecure/Leaky Load
- ⬭ Tow Hitch Failure
- ⬭ Other (Explain in Narrative)
- ⬭ None

Environment Contributing Circumstance

- ⬭ Glare
- ⬭ Roadway Surface Condition
- ⬭ Holes/Ruts in Surface
- ⬭ Shoulder Defective
- ⬭ Road Under Construction
- ⬭ Severe Crosswinds
- ⬭ Obstruction Not Marked
- ⬭ Lane Marking Obscured
- ⬭ View Obstruoted
- ⬭ Animal/Object in Roadway
- ⬭ Traffic Control Inoperative/ Missing/Obscured
- ⬭ Utility Work
- ⬭ Other (Explain in Narrative)
- ⬭ None

Area Information: Fill in one oval per category

Hit and Run
⬭ Yes ⬭ No

Light Condition
⬭ Daylight ⬭ Dawn/Dusk ⬭ Dark (Lighted) ⬭ Dark (Not Lighted) ⬭ Unknown

Type of Median
⬭ Driveable ⬭ Curbed ⬭ Barrier Wall ⬭ None

Locality
⬭ Rural ⬭ Urban

School Zone
⬭ Yes ⬭ No

Weather Conditions
⬭ Clear ⬭ Cloudy ⬭ Rain ⬭ Snow ⬭ Sleet/Hail /Freezing Rain ⬭ Fog/Smoke/Smog ⬭ Severe Cross Wind ⬭ Blowing Sand/Soil/Snow

Type of Roadway Junction
⬭ No Junction Involved ⬭ Four-Way Intersection ⬭ T-Intersection ⬭ Y-Intersection ⬭ Circle/Roundabout ⬭ Five Point or More ⬭ Interchange ⬭ Ramp

Rumble Strips
⬭ Yes ⬭ No

Surface Condition
⬭ Dry ⬭ Wet ⬭ Muddy ⬭ Snow/Slush ⬭ Ice ⬭ Loose Material on Road (Gravel etc.) ⬭ Water (Standing or Moving)

Road Character
⬭ Straight/Level ⬭ Straight/Grade ⬭ Straight/Hillcrest ⬭ Curve/Level ⬭ Curve/Grade ⬭ Curve/Hillcrest ⬭ Non-Roadway Crash

Construction
⬭ Yes* ⬭ No ⬭ Back-up

Roadway Type
⬭ Asphalt ⬭ Concrete ⬭ Gravel ⬭ Other

*If Yes
Construction Type
⬭ Lane Closure ⬭ X-Over/Lane Shift ⬭ Work on Shoulder ⬭ Intermittent or Moving Work

Was this crash a result of aggressive driving? ⬭ Yes ⬭ No

Traffic Control Devices
⬭ Officer/Crossing Guard/Flagman ⬭ *RR Crossing Gate/Flagman ⬭ *RR Crossing Flashing Signal ⬭ RR Crossing Sign ⬭ *Traffic Control Signal ⬭ *Flashing Signal ⬭ Stop Sign ⬭ Yield Sign ⬭ Lane Control ⬭ No Passing Zone ⬭ Other (Explain in Narrative) ⬭ None

Traffic Control Device Operational? ⬭ Yes ⬭ No

all damage in the Crash:
⬭ $1001-$2500 ⬭ $2501-$5000 ⬭ $5001-$10,000 ⬭ $10,001-$25,000 ⬭ $25,001-$50,000 ⬭ $50,001-$100,000 ⬭ Over $100,000

er Property Damage (Include Cargo)

	State Property ⬭ Yes ⬭ No	Owner's Name and Address
	State Property ⬭ Yes ⬭ No	Owner's Name and Address

Witness/Other Participant

	#	(Last Name, First, Name MI)	Phone #
Location at Time of Crash		Address etc.	
⬭ Witness ⬭ Other Participant	#	(Last Name, First Name, MI)	Phone #
Location at Time of Crash		Address etc.	
⬭ Witness ⬭ Other Participant	#	(Last Name, First Name, MI)	Phone #
Location at Time of Crash		Address etc.	

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

Non-Motorist
⬭ Pedestrian ⬭ Pedalcyclist ⬭ Other

Cited? ⬭ Yes ⬭ No

Direction

Street/Highway

Apparent Physical Condition
⬭ Normal ⬭ Had Been Drinking ⬭ Handicapped ⬭ Ill ⬭ Asleep/Fatigued

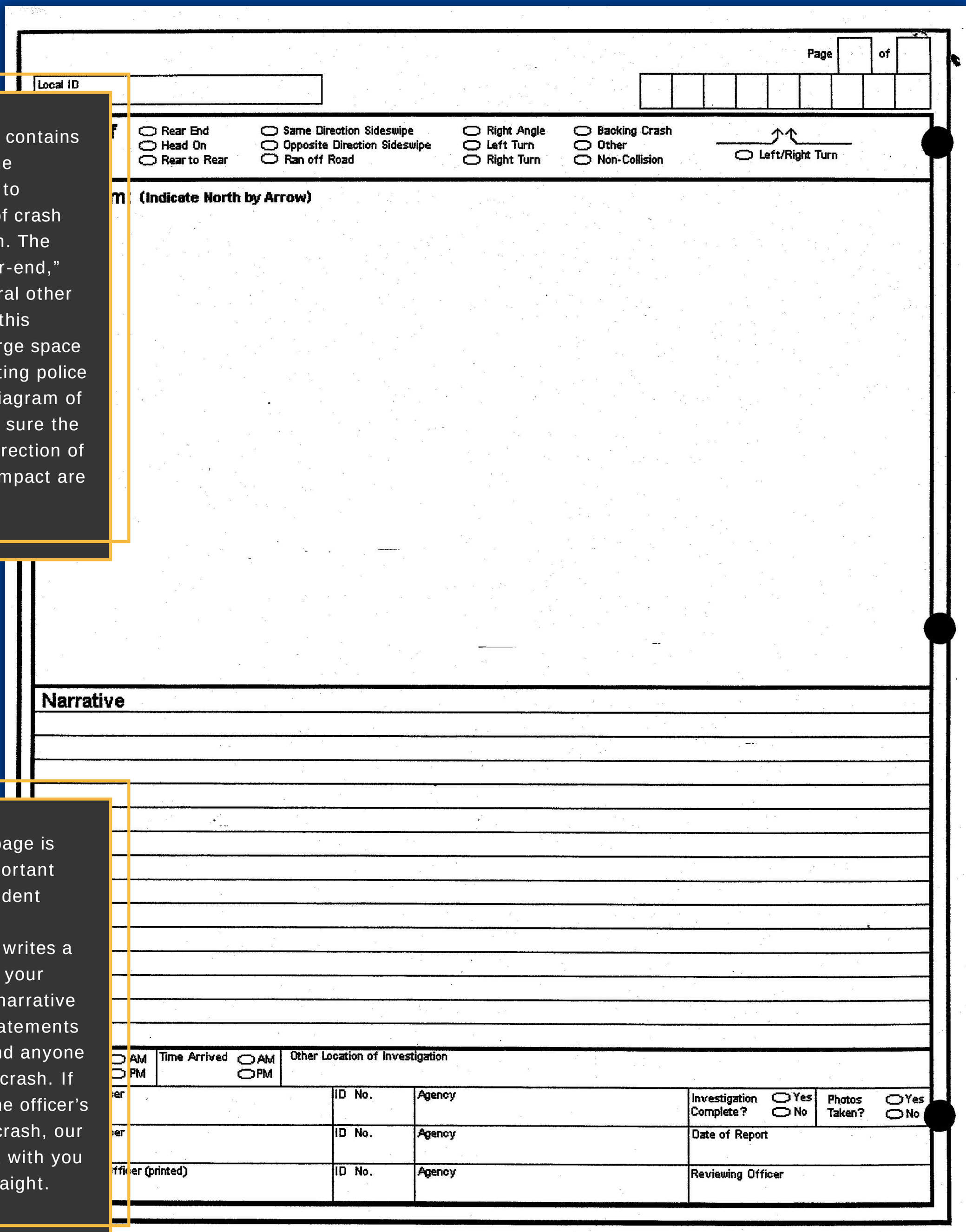
Non-Motorist Action
⬭ On designated non-motorists lane ⬭ Not in roadway ⬭ On shoulder ⬭ On roadway ⬭ With traffic

Traffic Control? ⬭ Yes ⬭ No

HOW TO READ YOUR INDIANA ACCIDENT REPORT

The top of this page contains a brief section for the investigating officer to indicate what type of crash you were involved in. The choices include “rear-end,” “head-on” and several other options. Just below this section, there’s a large space where the investigating police officer can draw a diagram of your accident. Make sure the vehicles’ location, direction of travel and point of impact are correct.

The bottom of this page is one of the most important sections in your accident report. Here, the investigating officer writes a narrative describing your crash. The officer’s narrative is often based on statements made by yourself and anyone else involved in the crash. If you disagree with the officer’s description of your crash, our legal team can work with you to set the record straight.



PAGE TWO

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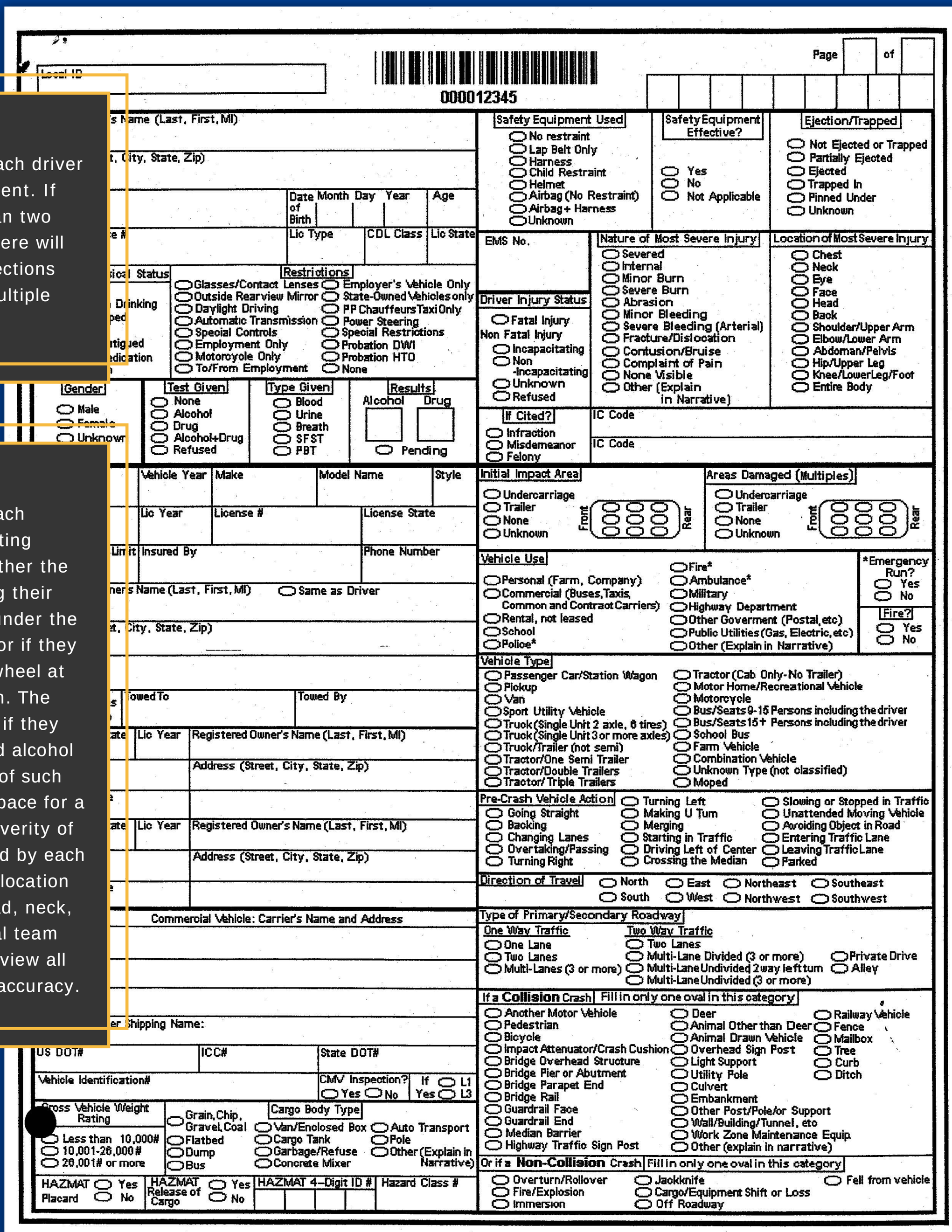
HOW TO READ YOUR INDIANA ACCIDENT REPORT

This page contains information about each driver involved in the accident. If there were more than two vehicles involved, there will be more than two sections filled out for your multiple vehicle accident.

Along with personal information about each driver, the investigating officer will note whether the drivers were wearing their seatbelt, appeared under the influence of alcohol or if they were asleep at the wheel at the time of the crash. The officer will also note if they administered a blood alcohol test and the results of such tests. There's also space for a description of the severity of the injuries sustained by each driver and the body location of their injuries (head, neck, back, etc.). Our legal team can help carefully review all this information for accuracy.



PAGE THREE

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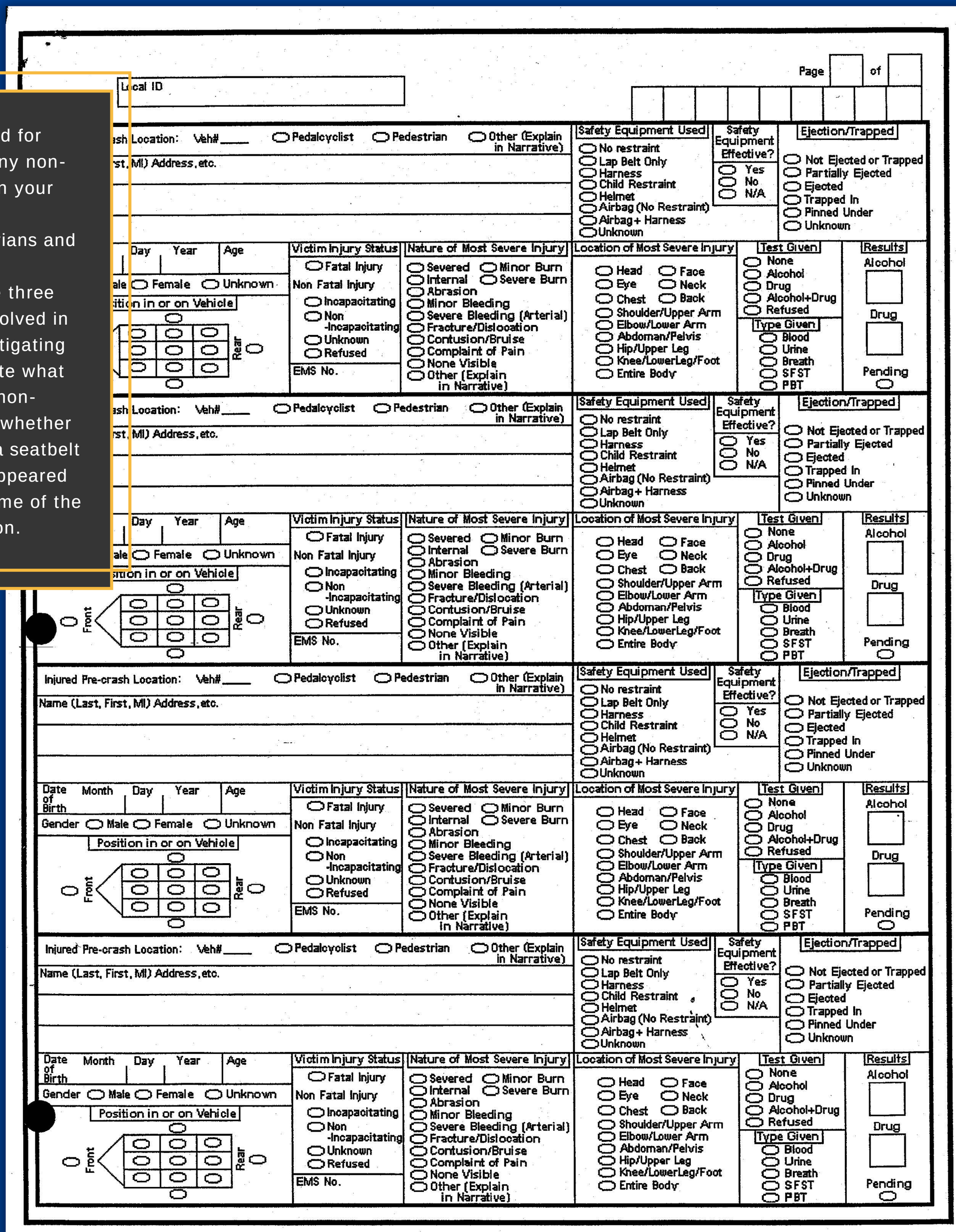
HOW TO READ YOUR INDIANA ACCIDENT REPORT

This page is reserved for information about any non-motorists involved in your accident, including passengers, pedestrians and cyclists. As with the information on page three about all drivers involved in the crash, the investigating police officer will note what type of injury each non-motorist sustained, whether they were wearing a seatbelt and whether they appeared intoxicated at the time of the accident investigation.



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