READ YOUR INDIANA ACCIDENT REPORT

INDIANA OFFICER'S STANDARD CRASH REPORT Report C Original Page of Supplemental [李] [[] [[] [] State Form: 23558 (Revised 2/03) Stock 302 Indiana State Police, Crash Records Section 000012345 Local ID 100 North Senate Avenue, Indianapolis, IN 46204 The top of this page includes Day of Week Actual Local Time County # Motor Vehicles # Injured # Dead Township # Commercial information about exactly # Deer Vehicles when and where your C PM loci irred On Nearest/Intersecting Road / MileMarker / Interchange If not at an intersection, Direction Road Interstate County Road accident happened in Indiana. number of feet from US Road Local/CityRoad State Road Other The number of vehicles lea est City/Town Crash Latitude Crash Longitude Inside Corporate Limits? Property? O DNR involved as well as the Yes C Private Other number of injuries and Driver#2 Driver #3 Driver #4 fatalities in the accident can Fill in only one Primary Cause for the crash be found here, as well. Verify Area Information: Fill in one eval per category o t wo ovals Fill in one oval per vehicle for all this information. Insurance **Vehicle and Environment** e for Driver Hit and Run Light Condition Type of Median **Contributing Circumstances** ng Circumstances companies often point out Oriveable Curbed ○ Yes **Daylight** O No ODawn/Dusk any discrepancies when Dark (Lighted)
Dark (Not Lighted) Barrier Wall C None denying accident claims. Unknown **Weather Conditions** Type of Roadway Locality **Vehicle Contributing Circumstance** ○ Clear tributing Circumstance Junction C Rural Cloudy ○No Junction Involved C Alcoholic Beverages COCCEngine Failure or Defective C Urban Alcoholic Beverages

Oligal Drugs
Occilerator Failure or Defective
Occilerator Failure or Defective ○ Rain Four-Way Intersection → Snow T-Intersection Sleet/Hail /Freezing Rain Fog/Smoke/Smog School Y-Intersection Circle/Roundabout Zone Five Point or More ◯ Yes Severe Cross Wind

Blowing Sand/Soil/Snow □ Interchange Ramp OOOOOOversize/Overweight Load Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load
Olinsecure/Leaky Load **Surface Condition Road Character** Rumble (Improper Passing (Improper Turning Straight/Level
Straight/Grade **Strips O**Dry) improper Lane Usage) Following Too Closely The middle of this page C Yes ○ Wet Straight/Hillorest O No. C) Unsafe Backing Curve/Level Snow/Slush contains information about **Environment Contributing Circumstance** C) Overcorrecting/Oversteering Olce
OLoose Material on Road OCurve/Hillorest
(Gravel etc.) ONon-Roadway Crash Curve/Grade Construction
O Yes*
No C) Ran off Road Roadway Surface Condition
Holes/Ruts in Surface the primary cause of your OC) Wrong Way on One Way Pedestrian's Action OOOOShoulder Defective accident. Some of the options Back-up (Standing or Moving) Passenger Distraction

Construction

Construction

Construction

Construction

Construction

Construction

Construction

Construction

Construction

Construction C) Passenger Distraction **Roadway Type** *If Yes the investigating police officer) C) Jackknifing Concrete OOOOOObstruction Not Marked Construction Type C) Cell Phone Usage □ Gravel COOCLane Marking Obscured
COOCLAND View Obstructed
COOCLAND Animal/Object in Roadway Clane Closure can check include "unsafe Other Telematics in Use ○Other X-Over/Lane Shift
Work on Shoulder Was this crash a result of Yes OCD Driver Distracted (Explain in speed," "driver asleep or Narrative' OOOOTraffic Control Inoperative/ Intermittent or CS Speed Too Fast for aggressive driving? Missing/Obscured Moving Work Weather Conditions OOOOUtility Work
OOOOONone
None fatigued," "improper passing" Other (Explain in Narrative) C) None **Traffic Control Devices** and "alcoholic beverages." Officer/Crossing Guard/Flagman Stop Sign * RR Crossing Gate/Flagman
* RR Crossing Flashing Signal Yield Sign The same part of the page on C Lane Control o all damage in the Crash: \$25,001-\$50,000 RR Crossing Sign No Passing Zone
Other (Explain \$1001-\$2500 \$5001-\$10,000 the right side contains * Traffic Control Signal \$50,001-\$100,000 \$2501-\$5000 * Flashing Signal \$10,001-\$25,000 Over \$100,000 in Narrative) information about whether C None ner Property Damage (Include Cargo) Traffic Control Device Operational?

Yes
No. your accident was a hit-and-Yes Owner's Name and Address run, weather conditions and Property O No State O Yes Owner's Name and Address whether your crash took Property No Witness/Other Participant (Last Name, First Name, MI) place on a rural or city road. Non-Motorist Phone # Apparent Physical Condition (Last Name, First, Name MI) **Hon-Motorist Non-Motorist Action** icip ant Pedestrian On designated non-motorists lane
Not in roadway Normal Pedalcyclist e of Crash Address etc. Had Been Drinking On shoulder
On roadway Other Handicapped Cited? Yes) Witness Phone # With traffic (Last Name, First Name, MI) Asles of Fatigued Other Participant Direction Ö cocation at Time of Crash Address etc. Street/Highway Witness : Phone # The bottom of the page (Last Name, First Name, MI) Other Participant lf yes, v traffic c Traffic

> GLASER & EBBS ATTORNEYS AT LAW

Address etc.

Control?

◯ Yes ◯ No

operati

contains the contact information for witnesses who saw your crash, as well as information about any pedestrians or other nonmotorists injured in your accident.

Location at Time of Crash

HOW TO INDIANA ACCIDENT REPORT

						1 1
Haret ID			e e e e e e e e e e e e e e e e e e e			age of
Local ID						
he top of this page contains brief section for the	Rear End Head On Rear to Rear	 Same Direction Sideswipe Opposite Direction Sideswipe Ran off Road 	Right Angle Left Turn Right Turn	Backing Crash Other Non-Collision		Turn
nvestigating officer to ndicate what type of crash you were involved in. The	M (Indicate Horth	i by Arrow)				
hoices include "rear-end," nead-on" and several other ptions. Just below this						
here the investigating police fficer can draw a diagram of						
our accident. Make sure the ehicles' location, direction of avel and point of impact are						5 S
orrect.						# # # # # # # # # # # # # # # # # # #
		* * *				4) 8 9 (4 + 2)
Narra	tive					
Narra	tive					
Narra	tive					
	tive					
he bottom of this page is	tive					
he bottom of this page is ne of the most important	tive					
he bottom of this page is ne of the most important ections in your accident eport. Here, the	tive					
he bottom of this page is ne of the most important ections in your accident eport. Here, the evestigating officer writes a	tive					
he bottom of this page is ne of the most important ections in your accident eport. Here, the evestigating officer writes a arrative describing your	tive					
he bottom of this page is ne of the most important ections in your accident eport. Here, the exercise officer writes a arrative describing your rash. The officer's narrative						
he bottom of this page is ne of the most important ections in your accident eport. Here, the exercise officer writes a arrative describing your rash. The officer's narrative often based on statements						
he bottom of this page is ne of the most important ections in your accident eport. Here, the exercise describing officer writes a carrative describing your rash. The officer's narrative often based on statements hade by yourself and anyone	AM Time Arrived	OAM Other Location of Investigation				
he bottom of this page is ne of the most important ections in your accident eport. Here, the exercise describing officer writes a arrative describing your rash. The officer's narrative to often based on statements hade by yourself and anyone lise involved in the crash. If	AM Time Arrived	OAM Other Location of Investigation PM ID No. Agence	* a		Investigation © Yes	A CONTRACTOR OF THE CONTRACTOR
he bottom of this page is ne of the most important ections in your accident eport. Here, the evestigating officer writes a arrative describing your rash. The officer's narrative to often based on statements hade by yourself and anyone lise involved in the crash. If ou disagree with the officer's	AM Time Arrived	ÖPM □	У		Complete? ONo	Photos OY Taken?
The bottom of this page is one of the most important ections in your accident eport. Here, the envestigating officer writes a parrative describing your erash. The officer's narrative is often based on statements enade by yourself and anyone else involved in the crash. If you disagree with the officer's description of your crash, our egal team can work with you	AM Time Arrived PM er	OPM ID No. Agend	y Y			A CONTRACTOR OF THE CONTRACTOR



HOW TO INDIANA ACCIDENT REPORT

	Fage of			
Local ID	Page of			
	012345			
s N <mark>ame (Last, First, MI)</mark>	Safety Equipment Used Safety Equipment Ejection/Trapped Effective?			
This page contains information about each driver t, (ity, State, Zip)	Lap Belt Only Not Ejected or Trapped			
Illioi mation about each driver	O Harness O Child Restraint O Yes O Ejected O Helmet O No O Trapped In			
involved in the accident. If Date Month Day Year Age	Airbag (No Restraint) Not Applicable Pinned Under			
there were more than two Birth Lic Type CDL Class Lic Sta	Unknown			
vehicles involved, there will	Severed Chest			
be more than two sections ica Status Restrictions	Ointernal ONeck			
filled out for your multiple District Lenses Contact Lenses Employer's Vehicle Only Outside Rearview Mirror State-Owned Vehicles on Daylight Driving PP Chauffeurs Taxi Only	Severe Burn Face Driver Injury Status Abrasion Head			
Vehicle accident. Ped OAutomatic Transmission O Power Steering OSpecial Controls OSpecial Restrictions	Fatal Injury			
Itig jed Employment Only Probation DWI Idio ation Motorcycle Only Probation HTO	Non Fatal Injury			
To/From Employment O None	Non Complaint of Pain Hip/Upper Leg Incapacitating None Visible Knee/LowerLeg/Foot			
Gender Test Given Type Given Results	OUnknown Other (Explain OEntire Body Refused in Narrative)			
O Male O Alcohol O Urine Formals O Drug O Breath	If Cited? IC Code ◯ Infraction			
O Unknowr O Alcohol+Drug O SFST O Pending	Misdemeanor IC Code Felony			
Vehicle Year Make Model Name Style	Initial Impact Area Area Areas Damaged (Multiples)			
Along with personal	OUndercarriage OUndercarriage Trailer # OOO Trailer # OOO Trailer # OOO Trailer # OOO Trailer OOO OOO Trailer OOO Trailer OOO OOO Trailer OOO			
information about each License # License # License State	None E SSS None E SSS None E SSS None			
driver, the investigating Limit Insured By Phone Number				
officer will note whether the	CParrows (Form Community C			
drivers were wearing their ners Name (Last, First, MI) Same as Driver	Commercial (Buses, Taxis, Military No No No No			
seatbelt, appeared under the	Rental, not leased Other Government (Postal, etc) School Other Government (Postal, etc) Public Utilizing (Grant Floreting etc.) Yes			
influence of alcohol or if they	OPolice* Other (Explain in Narrative) No			
were asleep at the wheel at	Vehicle Type Passenger Car/Station Wagon Tractor (Cab Only-No Trailer)			
the time of the crash. The state of the crash. The state of the crash. The state of the crash.	☐ Pickup ☐ Motor Home/Recreational Vehicle ☐ Van ☐ Motorcycle ☐ Sport Utility Vehicle ☐ Bus/Seats 9-15 Persons including the driver			
officer will also note if they ate Lic Year Registered Owner's Name (Last, First, MI)	Sport Utility Vehicle Bus/Seats 9-15 Persons including the driver Truck (Single Unit 2 axle, 6 tires) Bus/Seats 15+ Persons including the driver Truck (Single Unit 3 or more axles) School Bus			
administered a blood alcohol	Truck/Trailer (not semi) Farm Vehicle Tractor/One Semi Trailer Combination Vehicle			
test and the results of such	Tractor/Double Trailers Unknown Type (not classified) Tractor/ Triple Trailers Moped			
tests. There's also space for a	Pre-Crash Vehicle Action C Turning Left Slowing or Stopped in Traffic			
description of the severity of ate Lic Year Registered Owner's Name (Last, First, MI)	Going Straight Making U Tum Unattended Moving Vehicle Backing Merging Avoiding Object in Road One of the straight Description of the straight			
the injuries sustained by each Address (Street, City, State, Zip)	Changing Lanes Starting in Traffic Entering Traffic Lane Overtaking/Passing Driving Left of Center Leaving Traffic Lane Turning Right Crossing the Median Parked			
driver and the body location	Turning Right			
of their injuries (head, neck.	South West Northwest Southwest			
back, etc.). Our legal team Commercial Vehicle: Carrier's Name and Address	Type of Primary/Secondary Roadway One Way Traffic Two Way Traffic			
can help carefully review all	One Lane Two Lanes Two Lanes OMulti-Lane Divided (3 or more) OPrivate Drive			
this information for accuracy.	Multi-Lanes (3 or more) Multi-Lane Undivided 2 way left turn Alley Multi-Lane Undivided (3 or more)			
and information to accuracy.	If a Collision Crash Fill in only one oval in this category Another Motor Vehicle Deer Railway Vehicle			
er Shipping Name:	□ Another Motor Vehicle □ Pedestrian □ Pedestrian □ Animal Other than Deer □ Fence □ Bicycle □ Animal Drawn Vehicle □ Mailbox			
US DOT# ICC# State DOT#	Impact Attenuator/Crash Cushion Overhead Sign Post Tree OBridge Overhead Structure Light Support Curb			
Vehicle Identification# CMV Inspection? If O	O Bridge Pier or Abutment O Utility Pole O Ditch			
☐ Yes ☐ No Yes ☐ L Cross Vehicle Weight ☐ Grain, Chip, Cargo Body Type	3 O Bridge Rail O Embankment O Guardrail Face Other Post/Pole/or Support			
Rating Gravel, Coal OVan/Enclosed Box OAuto Transport Less than 10,000# Flatbed OCargo Tank Pole	Guardrail End Wall/Building/Tunnel, etc Median Barrier Work Zone Maintenance Equip.			
■ 10,001-26,000# Dump Garbage/Refuse COther (Explain)	C Vichman Traffic Sign Boot C Oak on Annalysis in annualisms			
U.S. TALOT CON V I HAZMAT A DIGIT ID #1 Hazard Clare #	Overturn/Rollover Jackknife Fell from vehicle			
Placard O No Release of O No O No O No Cargo	O Fire/Explosion			





HOW TO INDIANA ACCIDENT REPORT

					* a * ***
	[]		1		Page of
	Lical ID				
This page is reserved for	sh Location: Veh# C	Pedaloyolist CP	edestrian 🔾 Other (Explain	Safety Equipment Used	Safety Ejection/Trapped
information about any non-	st, Mi) Address, etc.		in Narrative)	Ol an Belt Only	Equipment Effective? Not Ejected or Trapped
motorists involved in your				O Harness Child Restraint	O Yes O Partially Ejected O No O Ejected O N/A
accident, including				Airbag (No Restraint)	Trapped In Pinned Under
passengers, pedestrians and				Airbag + Harness Unknown	O Unknown
cyclists. As with the	Day Year Age	Victim Injury Status Fatal Injury	Nature of Most Severe Injury Severed Minor Burn	Location of Most Severe Inju	None Alcohol
information on page three		Non Fatal Injury	Ointernal OSevere Burn Abrasion	○ Eye ○ Neck	O Alcohol O Drug O Alcohol+Drug
about all drivers involved in	ition in or on Vehicle	Oincapacitating Non	Minor BleedingSevere Bleeding (Arterial)	Chest Back Shoulder/Upper Arm	n Refused Drug
the crash, the investigating		◯ Unknown	Fracture/Dislocation Contusion/Bruise	Elbow/Lower ArmAbdoman/FelvisHip/Upper Leg	Type Given Blood Urine
police officer will note what		Refused EMS No.	Complaint of Pain None Visible Other (Explain	○ Knee/LowerLeg/Foot ○ Entire Body	
type of injury each non-		43	in Narrative)	8	OPBT O
motorist sustained, whether		Pedaloyolist P	edestrian 🔾 Other (Explain in Narrative)	C No restraint	Safety Equipment Effective? Not Financial Stranged
they were wearing a seatbelt	rst, MI) Address, etc.	a a a	eren a eren eren eren eren eren eren ere		Yes Partially Ejected
and whether they appeared				Child Restraint Helmet Airbag (No Restraint)	O N/A Trapped In
intoxicated at the time of the				Airbag + Harness Unknown	C Pinned Under Unknown
accident investigation.	Day Year Age		Nature of Most Severe Injury	Location of Most Severe Inju	
assident investigation.	ale Female Unknown	Fatal Injury Non Fatal Injury	Severed Minor Burn Internal Severe Burn	O Head O Face O Eye O Neok	O None Alcohol O Alcohol O Drug
	stron in or on Vehicle	Incapacitating	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chest Back Shoulder/Upper Arn	O Alcohol+Drug
	101810 1.	Non Incapacitating Unknown	Severe Bleeding (Arterial) Fracture/Dislocation Contusion/Bruise	○ Elbow/Lower Arm ○ Abdoman/Pelvis	Type Given Drug
		Refused	Complaint of Pain None Visible	Hip/Upper Leg Knee/LowerLeg/Foo	t Ourine
	<u>//อาอาอา</u>	EMS No.	Other (Explain in Narrative)	C Entire Body	SFST Pending PBT O
Injured Pre-	crash Location: Veh# C	Pedaloyolist P	edestrian Other (Explain in Narrative)	Safety Equipment Used No restraint	Equipment
Name (Last,	First, MI) Address, etc.		ui Mai Buve)	C Lap Belt Only Harness	O Yes O Partially Ejected
				C) Child Restraint	No Ejected N/A Trapped in
				Airbag (No Restraint) L Airbag + Harness	O Pinned Under O Unknown
Date Mon	nth Day Year Age	Victim Injury Status	Nature of Most Severe Injury	Unknown Location of Most Severe Inju	ury Test Given Results
of Birth		○ Fatal Injury	Severed Minor Burn	Head Face	None Alcohol Alcohol
	Male C Female Unknown Position in or on Vehicle	Non Fatal Injury Incapacitating	C Abrasion	Eye	O Drug Alcohol+Drug
	7 <u>-19</u> -3	O Non Incapacitating	Severe Bleeding (Arterial)	Shoulder/Upper Arm Elbow/Lower Arm	Type Given
		◯ Unknown ◯ Refused	Contusion/Bruise Complaint of Pain	Abdoman/Pelvis Hip/Upper Leg	O Blood O Urine
	<u>/oi8ioi</u> _	EMS No.	O None Visible Other (Explain	C Knee/LowerLeg/Foo Entire Body	SFST Pending
Injured Pre-		Pedalovolist CP	in Narrative) edestrian Other (Explain	Safety Equipment Used	Safety Ejection/Trapped
	First, MI) Address, etc.		in Narrative)	No restraint Lap Belt Only	Equipment Effective? O Not Ejected or Trapped
				Child Restraint	Yes O Partially Ejected
	e e	3 2	4	Airbag (No Restraint)	N/A Trapped In Pinned Under
			* ***	OAirbag+ Harness Unknown	C Unknown
Date Mor of Birth	nth Day Year Age	Victim Injury Status Fatal Injury	Nature of Most Severe Injury Severed Minor Burn		○ None Alcohol
Gender C	Male C Female Unknown	Non Fatal Injury	Ointernal OSevere Burn Abrasion	O Head O Face O Eye O Neck	O Alcohol O Drug
	Position in or on Vehicle	O Incapacitating O Non	Minor Bleeding Severe Bleeding (Arterial)	Chest Back Shoulder/Upper Arr	
_ =		-Incapacitating Olympia	Contusion/Bruise	Elbow/Lower Arm Abdoman/Pelvis	Type Given Blood
	888	Refused EMS No.	O Complaint of Pain None Visible	◯ Hip/Upper Leg◯ Knee/LowerLeg/Foo◯ Entire Body	Urine Urine Breath SFST Pending
			Other (Explain in Narrative)	Contine body	O PRT O
	<u> </u>		NAMES OF THE PROPERTY OF THE P	Company of the Compan	V-1123/F 22 CASTAGE SAT 125



