

# HOW TO READ YOUR INDIANA AUTO ACCIDENT REPORT

Brought to you by

**BOUGHTER•SINAK**

Indiana Injury Attorneys

**INDIANA OFFICER'S STANDARD CRASH REPORT**

State Form: 23558 (Revised 5/03) Stock 302

Report  Original  Supplemental Page  of

Local ID

Date of Crash: Month  Day  Year  Day of Week  Actual Local Time  County  Township

Road Crash Occurred On  Nearest/Intersecting Road/Mile Marker/Interchange  If not at an intersection, number of

Inside Corporate Limits?  Yes  No City/Town or Nearest City/Town  Property?  DNR  Private  Other

Driver #1  Driver #2  Driver #3

**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**

**Area Information: Fill in one oval per category**

**Driver Contributing Circumstance**

**Vehicle Contributing Circumstance**

**Rumble Strips**

**Surface Conditions**

**Road Character**

**Construction**

**Construction Type**

**Was this crash a result of aggressive driving?**

**Traffic Control Devices**

**Traffic Control Device Operational?**

**Other Property Damage (Include Cargo)**

**Witness/Other Participant**

**Non-Motorist**

**Apparent Physical Condition**

**Non-Motorist Action**

Basic information on the crash, including time, date, location and number of vehicles involved.

Information on road and weather conditions, which also informs liability for the crash. The officer also indicates here if the crash was caused by aggressive driving.

Information on contributing circumstances for the accident. The officer must pick one Primary Cause and assign it to a particular vehicle – this is a judgment call and can be disputed if necessary. The officer must also identify any other contributing circumstances. This is critical information to determine liability for the crash.

Names and information for witnesses and non-drivers involved in the crash.

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**Type of Crash**

**Diagram: (Indicate North by Arrow)**

**Narrative**

Time Notified  AM  PM Time Arrived  AM  PM Other Location of Investigation

Assisting Officer  ID No.

Assisting Officer  ID No.

Investigating Officer (printed)  ID No.

Officer indicates type of crash and draws a visual diagram of what happened.

This gives the officer's account of what happened. Note that other sections of the report might be marked "explain in narrative" – check this section for that information.

Take note of the time notified and time arrived. Often, the officer does not arrive on the scene until long after the crash itself. If you disagree with the narrative, our law firm can work to help set the record straight.

**UNIT INFORMATION**

Local ID

Dr#  Driver's Name (Last, First, MI)

Address (Street, City, State, Zip)

Date Month Day Year Age

Driver's License #  Lic Type  CDL Class  Lic State

Apparent Physical Status  Normal  Had Been Drinking  Handicapped  Tired  Asleep/Fatigued

Restrictions  Glasses/Contact Lenses  Outside Rear View Mirror  Power Steering  Special Provisions  Probation DWI

Employer's Vehicle Only  State-Owned Vehicles Only  PP Chauffeurs/Taxi Only  Power Steering  Special Provisions  Probation DWI

Initial Impact Area  Undercarriage  Trailer  None  Unknown

Areas Damaged (Multiples)  Undercarriage  Trailer  None  Unknown

Vehicle Use  Personal (Farm, Company)  Commercial (Buses, Taxis, Common and Contract Carriers)  Rental, not leased  School  Police

Vehicle Type  Passenger Car/Station Wagon  Pick-up  Van  Sport Utility Vehicle  Truck (Single Unit 2 axle, 6 tires)  Truck (Single Unit 3 or more axles)  Tractor/Trailer (not semi)  Tractor/One Semi Trailer  Tractor/Double Trailers  Tractor/Triples Trailers

Pre-Crash Vehicle Action  Going Straight  Baking  Changing Lanes  Overtaking/Passing  Turning Right

Direction of Travel  North  South  East  West  Northeast  Northwest  Southeast  Southwest

One Way Traffic  One Lane  Two Lanes  Multi-lanes (2 or more)

Way Traffic  Two Lanes  Multi-Lane Divided (3 or more)  Private Drive  Multi-lane Divided (2 way left turn)  Private Drive  Multi-lane Divided (3 or more)

HAZMAT Proper Shipping Name:

US DOT#  ICC#  State DOT#

Gross Vehicle Weight  Less than 10,001  10,001 to 26,001  26,001 or more

HAZMAT  Placard

A "Unit" is a vehicle that was involved in the accident. Multiple Unit Pages will be used for multi-vehicle accidents.

Describes safety equipment used – which can affect liability – and injuries sustained. \*Note that only the most severe injury is described in the report, and some injuries may not have been apparent when the report was written.

Information on the driver of the vehicle described on this page.

Describes the vehicle itself, including the owner's name and address.

Describes what physically happened to the vehicle in the crash, including vehicle damage. If this does not match the actual damage to your vehicle, we can help set the record straight.

**NON-DRIVER INJURED INFORMATION**

Local ID

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

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

Date Month Day Year Age

Gender  Male  Female  Unknown

Position in or on Vehicle

Victim Injury Status  Non-Fatal Injury  Incapacitating  Possible Injury  Unknown  Refused

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

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

Test Given  None  Alcohol  Drug  Alcohol+Drug  Refused

Type Given  Blood  Urine  Breath  SFST  PBT  Drug  Positive  Negative  Pending

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

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

Date Month Day Year Age

Gender  Male  Female  Unknown

Position in or on Vehicle

Victim Injury Status  Non-Fatal Injury  Incapacitating  Possible Injury  Unknown  Refused

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Type Given  Blood  Urine  Breath  SFST  PBT  Drug  Positive  Negative  Pending

**"Safety Equipment Used" can have significant implications for liability, depending on the person's status at the time of the crash.**

This page describes injuries to passengers, pedestrians and cyclists – anyone who was not driving a motor vehicle at the time of the crash.

The report only lists the most severe injury to each person. Remember that not all injuries are immediately obvious.

"Safety Equipment Used" can have significant implications for liability, depending on the person's status at the time of the crash.

**BOUGHTER•SINAK**

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A PROVEN FIGHTER ON YOUR SIDE.

INJURED? CALL NOW: 1-877-962-4373