



**INDIANA OFFICER'S STANDARD CRASH REPORT**  
Electronic Version

Local ID 123456789012

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
03/22/2019	Fri	3:15 PM	MARION	CENTER	3	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/Mile Marker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
170 EAST	40			INTERSTATE

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	INDIANAPOLIS			-

Driver #1	Driver #2	Driver #3	Driver #4
CAROLINE BINGLEY	ELIZABETH BENNET	WILLIAM DARCY	

Primary Cause	Driver Contributing Circumstances					Vehicle Contributing Circumstances					Environment Contributing Circumstances									
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Other	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Other	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Other					
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

Local ID

123456789012

**Type of  
Crash**

REAR END

<b>Time Notified</b> 3:18 PM	<b>Time Arrived</b> 3:38 PM	<b>Other Location of Investigation</b> AT SCENE ONLY			
<b>Assisting Officer</b>		<b>ID No.</b>	<b>Agency</b>	<b>Investigation Complete?</b> YES	<b>Photos Taken?</b> NO
<b>Assisting Officer</b>		<b>ID No.</b>	<b>Agency</b>	<b>Date of Report</b>	
<b>Investigating Officer</b> DE BOURGH, C		<b>ID No.</b> 1234	<b>Agency</b> ISP INDIANAPOLIS	<b>Reviewing Officer</b> 1234	

**Narrative**

On 03/22/2019 at 3:15 p.m. the weather was clear and dry. Vehicle 1 (V1) was traveling east on I70 at the 40MM in the center lane. Vehicle 2 (V2) was ahead of V1 in the center lane. Vehicle 3 (V3) was traveling ahead of V2 in the center lane.

V2 and V3 slowed for stopped traffic ahead. V1 attempted to slow in time but was unable to do so. The front of V1 struck the rear of V2. This collision pushed the front of V2 into the rear of V3.

**Statements:**

D1: Didn't realize traffic was slowing down. Attempted to brake at the last minute but was unable to do so in time.

D2: Saw traffic was slowing ahead. Slowed down behind V3 when V1 struck her car.

D3: Saw traffic was slowing ahead. Slowed down. Heard the bang of the first impact between V1 and V2, then felt the second impact between V2 and his own vehicle.

Driver 3 was transported from the scene due to a possible neck injury sustained at the time of the accident.

UNIT INFORMATION

Local ID  
123456789012

1 Driver's Name (Last, First, MI) BINGLEY, CAROLINE L		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 123 NETHERFIELD PARK		Safety Equipment Effective? YES	
INDIANAPOLIS IN 46204		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/06/1992	Age 26	Gender FEMALE	EMS No. Immed Attn Driver Injury Status NO
Driver's License # 1234567890	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking 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	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
Alcohol Results PBT Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# Color Vehicle Year Make Model Style 1 BLUE 2009 HONDA ACCORD 4D		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
# Occupants 1		Lic Year License # License State 2018 ABC123 IN	
# Axles Speed Limit 2 55		Insured By Phone Number BINGLEY INSURANCE 317-555-1234	
Vehicle Identification#		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver BINGLEY, CHARLES B		Front Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Address (Street, City, State, Zip) 123 NETHERFIELD PARK		Vehicle Use PERSONAL	
INDIANAPOLIS IN 46204		Emergency Run? Fire? NO	
Towed? To NO By	Due to Disabling Damage		Vehicle Type PASSENGER CAR/STATION WAGON
Lic State Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT
License#	Address (Street, City, State, Zip)		Direction of Travel EAST
Veh Year Make	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier
License#	Address (Street, City, State, Zip)		<input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input checked="" type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp
Veh Year Make	Commercial Vehicle: Carrier's Name and Address		Event Collision With 1. ANOTHER MOTOR VEHICLE
HAZMAT Proper Shipping Name:	State DOT#		
US DOT#	ICC#	CMV Inspection	If Yes
Gross Vehicle Weight Rating	Cargo Body Type		
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #

UNIT INFORMATION

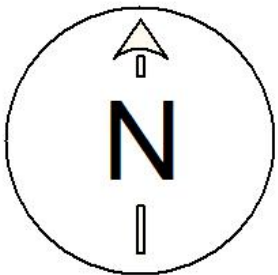
Local ID  
123456789012

2 Driver's Name (Last, First, MI) BENNET, ELIZABETH J		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 123 LONGBOURN RD		Safety Equipment Effective? YES	
INDIANAPOLIS IN 46204		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/17/1993	Age 26	Gender FEMALE	EMS No. Immed Attn Driver Injury Status NO
Driver's License # 1234567890	Lic Type OP	CDL Class	Lic State
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking 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 <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 checked="" type="checkbox"/> None	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
Alcohol Results PBT		Drug Results	
Certified Test <input type="checkbox"/> Pending		Nature of Most Severe Injury	
Veh# 2 Color BLACK Vehicle Year 2004 Make HONDA Model ELEMENT Style 4D		Location of Most Severe Injury	
# Occupants 1 Lic Year 2018 License # ABC123 License State		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
# Axles 2 Speed Limit 55 Insured By PEMBERLEY INSURANCE Phone Number 317-555-4321		IC Codes	
Vehicle Identification#		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Registered Owner's Name (Last, First, MI) BENNET, ELIZABETH J <input type="checkbox"/> Same as Driver		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Address (Street, City, State, Zip) 123 LONGBOURN RD		Vehicle Use PERSONAL	
INDIANAPOLIS IN 46204		Emergency Run? Fire? NO	
Towed? To By	Due to Disabling Damage		Vehicle Type UNKNOWN TYPE
Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	License# Address (Street, City, State, Zip)		Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC
Veh Year Make	License# Address (Street, City, State, Zip)		Direction of Travel EAST
Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	Veh Year Make		Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input checked="" type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Ramp
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name: State DOT#	
US DOT# ICC# CMV Inspection If Yes		Gross Vehicle Weight Rating Cargo Body Type	
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazzard Class #		Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

Local ID  
123456789012

3		Driver's Name (Last, First, MI) DARCY, FITZWILLIAM M			Safety Equipment Used LAP + HARNESS																					
Address (Street, City, State, Zip) 123 PEMBERLEY AVE					Safety Equipment Effective? YES																					
INDIANAPOLIS			IN		46204																					
Date of Birth 01/17/1991		Age 28	Gender MALE		EMS No. 2843	Inmed Attn YES																				
Driver's License # 1234567890		Lic Type OP	CDL Class	Lic State	Nature of Most Severe Injury COMPLAINT OF PAIN																					
Apparent Physical Status <input checked="" 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				Location of Most Severe Injury NECK																				
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT				If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony																				
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results																						
Veh# 3	Color SILVER	Vehicle Year 2017	Make TESLA	Model MODEL 3	Style 4D																					
# Occupants 1		Lic Year 2018	License # ABC123	License State																						
# Axles 2	Speed Limit 55	Insured By PEMBERLEY INSURANCE		Phone Number 317-555-5678																						
Vehicle Identification#																										
Registered Owner's Name (Last, First, MI) DARCY, FITZWILLIAM M					<input type="checkbox"/> Same as Driver																					
Address (Street, City, State, Zip) 123 PEMBERLEY AVE																										
INDIANAPOLIS			IN		46204																					
Towed? NO	To By		Due to Disabling Damage																							
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver																								
License#		Address (Street, City, State, Zip)																								
Veh Year	Make																									
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver																								
License#		Address (Street, City, State, Zip)																								
Veh Year	Make																									
Commercial Vehicle: Carrier's Name and Address																										
HAZMAT Proper Shipping Name:				State DOT#																						
US DOT#		ICC#	CMV Inspection	If Yes																						
Gross Vehicle Weight Rating		Cargo Body Type																								
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #																							
Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown					<table border="0"> <tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Front</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td>Rear</td></tr> </table>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Rear
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Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown					<table border="0"> <tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Front</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td>Rear</td></tr> </table>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Rear
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Front	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
			Rear																							
Vehicle Use PERSONAL																										
Emergency Run?					Fire? NO																					
Vehicle Type PASSENGER CAR/STATION WAGON																										
Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC																										
Direction of Travel EAST																										
Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input checked="" type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Ramp																										
Event Collision With 1. ANOTHER MOTOR VEHICLE																										



CRASH# 123456789012  
03/22/2019 1515HRS  
40MM I70 EB  
INDIANAPOLIS  
MARION COUNTY, IN  
INDIANA STATE POLICE

*NOT TO SCALE*

