



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 4

Local ID [REDACTED]

Date of Crash 12/15/2011	Day of Week Thu	Actual Local Time 8:08 PM	County MADISON	Township ANDERSON	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On [REDACTED]			Nearest/Intersecting Road/Mile Marker/Interchange [REDACTED]		If not an intersection, number of feet from 1000	Direction S	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town ANDERSON			Property? OTHER	Crash Latitude		Crash Longitude		
Driver #1 [REDACTED] JOSEPH L		Driver #2 PORTWOOD AMBER, L		Driver #3		Driver #4			

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Driver Contributing Circumstances <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Disregard Signal <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input checked="" type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Restriction Violation <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics <input type="checkbox"/> Driver Distracted <input type="checkbox"/> Speed/Weather Conditions <input type="checkbox"/> Unsafe Lane Movement <input checked="" type="checkbox"/> Other <input type="checkbox"/> None				Vehicle Contributing Circumstances Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Environment Contributing Circumstances <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other <input type="checkbox"/> None				Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DARK (LIGHTED) Weather Conditions CLEAR Surface Condition DRY Type of Median DRIVABLE Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO Traffic Control Devices NONE Traffic Control Device Operational? NA			
---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--

Total Estimate of all damage in the Crash:
\$1001 TO \$2500

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Other Participant # 1 Name JACLYN [REDACTED] Address etc. [REDACTED] Phone # [REDACTED] Location at Time of Crash FRONT PASSENGER OF UNIT 1		Non-Motorist (Last Name, First Name, MI) Non-Motorist Type Non-Motorist Action Apparent Physical Condition Cited? Direction Street/Highway Traffic Control? If yes, was traffic control operational?	
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Local ID
[REDACTED]**Type of
Crash**

REAR END

Time Notified 8:08 PM	Time Arrived 8:18 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer N DURR		ID No. 321	Agency ANDERSON PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 12/15/2011	
Investigating Officer GEHRKE, B		ID No. 326	Agency ANDERSON PD	Reviewing Officer	

Narrative

UNIT 1 STATED HE WAS S/B IN THE [REDACTED]. HE WAS TURNING WEST INTO THE PARKING LOT OF HIS RESIDENCE AT [REDACTED] WHEN HE WAS STRUCK IN THE REAR BY UNIT 2. UNIT 1 STATED HE DID HAVE HIS TURN SIGNAL ON.

UNIT 2 STATED SHE WAS S/B IN THE [REDACTED]. SHE WAS DIRECTLY BEHIND UNIT 1. SHE STATED UNIT 1 SLAMMED ON HIS BRAKES SUDDENLY AND THEN MADE A TURN. SHE STATED SHE DID NOT SEE UNIT 1 USE A TURN SIGNAL.

UNIT INFORMATION

Local ID
 [REDACTED]

1 Driver's Name (Last, First, MI) [REDACTED] JOSEPH, L				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
[REDACTED] IN [REDACTED]				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 01/04/1986		Age 25		Gender MALE		EMTS No. Immed Attn Driver Injury Status	
Driver's License # [REDACTED]			Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury	
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 <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				Location of Most Severe Injury	
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		IC Codes	
Alcohol Results Certified <input type="checkbox"/> Pending <input type="checkbox"/> PBT				Drug Results			
Veh# 1	Color SIL	Vehicle Year 2003	Make SATURN	Model S12	Style 4D	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
# Occupants 2		Lic Year 2012	License # [REDACTED]	License State IN			
# Axles 2	Speed Limit 45	Insured By [REDACTED]		Phone Number [REDACTED]			
Vehicle Identification# [REDACTED]				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) [REDACTED] JOSEPH, L				<input type="checkbox"/> Same as Driver Front: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Rear: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Address (Street, City, State, Zip) [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To By NO				Due to Disabling Damage Emergency Run? Fire? NC			
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		Vehicle Type PASSENGER CAR/STATION WAGON			
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		Pre-Crash Vehicle Action TURNING RIGHT			
Commercial Vehicle: Carrier's Name and Address				Direction of Travel SOUTH			
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 #	
Event Collision With 1. ANOTHER MOTOR VEHICLE				Type of Primary/Secondary Roadway One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic: <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley			

UNIT INFORMATION

Local ID
 [Redacted]

2		Driver's Name (Last, First, MI) PORTWOOD, AMBER, L			Safety Equipment Used LAP + HARNESS		
Address (Street, City, State, Zip) [Redacted]					Safety Equipment Effective? YES		
[Redacted] IN [Redacted]					Ejection/Trapped NOT EJECTED OR TRAPPED		
Date of Birth 05/14/1990		Age 21	Gender FEMALE		EMS No.	Immed Attn	
Driver's License # [Redacted]			Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury	
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			<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	Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
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 <input checked="" type="checkbox"/> Test <input type="checkbox"/> Pending		Drug Results			
Veh# 2	Color WHT	Vehicle Year 2005	Make CADILLAC	Model STS	Style 4D		
# Occupants 1		Lic Year 2012	License # [Redacted]	License State IN			
# Axes 2	Speed Limit 45	Insured By [Redacted]		Phone Number [Redacted]			
Vehicle Identification# [Redacted]					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) PORTWOOD, AMBER, L					<input type="checkbox"/> Same as Driver <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		
Address (Street, City, State, Zip) [Redacted]					<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
[Redacted] IN [Redacted]					Vehicle Use PERSONAL (FARM, COMPANY)		
Towed? To NO		By [Redacted]		Due to Disabling Damage			
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) [Redacted]		Emergency Run? Fire? NO		
License#		Address (Street, City, State, Zip) [Redacted]					
Veh Year		Make	Vehicle Type PASSENGER CAR/STATION WAGON				
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) [Redacted]		Pre-Crash Vehicle Action GOING STRAIGHT		
License#		Address (Street, City, State, Zip) [Redacted]					
Veh Year		Make	Direction of Travel SOUTH				
Commercial Vehicle: Carrier's Name and Address					Type of Primary/Secondary Roadway One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes Two Way Traffic: <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lanes (3 or more) <input checked="" type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley		
HAZMAT Proper Shipping Name:			State DOT#		Event Collision With 1. ANOTHER MOTOR VEHICLE		
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 #				

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Investigating Officer GEHRKE, B		ID No. 326	Agency ANDERSON PD	Reviewing Officer	

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UNIT 2 STATED SHE WAS S/B IN THE [REDACTED]. SHE WAS DIRECTLY BEHIND UNIT 1. SHE STATED UNIT 1 SLAMMED ON HIS BRAKES SUDDENLY AND THEN MADE A TURN. SHE STATED SHE DID NOT SEE UNIT 1 USE A TURN SIGNAL.

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Date of Birth 01/04/1986		Age 25		Gender MALE		EMTS No. Immed Attn Driver Injury Status	
Driver's License # [REDACTED]			Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury	
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 <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				Location of Most Severe Injury	
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		IC Codes	
Alcohol Results Certified <input type="checkbox"/> Pending <input type="checkbox"/>				Drug Results			
PBT		Veh# 1 Color SIL		Vehicle Year 2003 Make SATURN		Model S12 Style 4D	
# Occupants 2		Lic Year 2012 License # [REDACTED]		License State IN			
# Axes 2 Speed Limit 45		Insured By [REDACTED]		Phone Number [REDACTED]			
Vehicle Identification# [REDACTED]				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) [REDACTED] JOSEPH, L				<input type="checkbox"/> Same as Driver Front: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Rear: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Address (Street, City, State, Zip) [REDACTED]				Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
[REDACTED] IN [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To NO By		Due to Disabling Damage		Emergency Run?		Fire? NC	
Lic State Lic Year		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		Vehicle Type PASSENGER CAR/STATION WAGON			
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action TURNING RIGHT			
Veh Year Make		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		Direction of Travel SOUTH			
Lic State Lic Year		Address (Street, City, State, Zip)		Type of Primary/Secondary Roadway One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic: <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley			
Veh Year Make		Commercial Vehicle: Carrier's Name and Address		Event Collision With 1. ANOTHER MOTOR VEHICLE			
HAZMAT Proper Shipping Name:		State DOT#		Gross Vehicle Weight Rating Cargo Body Type			
US DOT#		ICC#		CMV Inspection		If Yes	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

UNIT INFORMATION

Local ID
 [REDACTED]

2		Driver's Name (Last, First, MI) PORTWOOD, AMBER, L			Safety Equipment Used LAP + HARNESS		
Address (Street, City, State, Zip) [REDACTED]					Safety Equipment Effective? YES		
[REDACTED] IN [REDACTED]					Ejection/Trapped NOT EJECTED OR TRAPPED		
Date of Birth 05/14/1990		Age 21	Gender FEMALE		EMS No.	Immed Attn	Driver Injury Status
Driver's License# [REDACTED]			Lic Type OP	CDL Class	Lic State IN		Nature of Most Severe Injury
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Alcohol Results PBT		Certified <input checked="" type="checkbox"/> Test <input type="checkbox"/> Pending	Drug Results		Initial Impact Area		
Veh# 2	Color WHT	Vehicle Year 2005	Make CADILLAC	Model STS	Style 4D	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Front <input type="checkbox"/> Rear
# Occupants 1		Lic Year 2012	License # [REDACTED]	License State IN		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Front <input type="checkbox"/> Rear	
# Axes 2	Speed Limit 45	Insured By [REDACTED]		Phone Number [REDACTED]			
Vehicle Identification# [REDACTED]					Areas Damaged (Multiples)		
Registered Owner's Name (Last, First, MI) PORTWOOD, AMBER, L					<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Address (Street, City, State, Zip) [REDACTED]					<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Front <input type="checkbox"/> Rear		
[REDACTED] IN [REDACTED]					Vehicle Use PERSONAL (FARM, COMPANY)		
Towed? NO	To By		Due to Disabling Damage		Emergency Run? Fire? NC		
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]			Vehicle Type PASSENGER CAR/STATION WAGON		
License# [REDACTED]					Pre-Crash Vehicle Action GOING STRAIGHT		
Veh Year	Make	Registered Owner's Name (Last, First, MI) [REDACTED]			Direction of Travel SOUTH		
License# [REDACTED]					Type of Primary/Secondary Roadway		
Veh Year	Make	Registered Owner's Name (Last, First, MI) [REDACTED]			One Way Traffic: <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic: <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)		
Commercial Vehicle: Carrier's Name and Address					Event Collision With 1. ANOTHER MOTOR VEHICLE		
HAZMAT Proper Shipping Name:			State DOT#		Gross Vehicle Weight Rating		
US DOT#		ICC#	CMV Inspection	If Yes	Cargo Body Type		
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #				