	INDIANA OFFICER'S STANDARD CF Electronic Version							ASH REPO	PRT -			Page	1	of	4
(416										Local ID	1				
Date of Crash 12/15/2011	Day of Week Thu	Actual Local Tir 8:08 PM	ne			Count	-	Town ANDEF	•	# Motor Vehicles	# Injured	# Dead	Veh	mercial ides	# Deer
Rø	ad Crash Occurr	ed On	╧	Nea	əstin	terse	ting Road/MileM	larker/Interchange		intersection,	Direction			sific ation	_
										r of feet from 1000	S	LC	CAL/CI	TY ROA	Ð
Inside Corporate YES	Limits?		City				ity/Town		Prop	-	Crash Lat	titude	Cra	ish Longi	tude
	Driver #1			AI	NDER Drive				Driver #3	OTHER Driver #3 Driver #4					
	JOSEPH _I L			PORT	WOOD),AMB	ER,L		_						
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3	4		Primary Cause	- (~ •	4					Area Info	rmation			
Outro Vehicle 1_ Vehicle 2_ Vehicle 2_ Vehicle 3_		tances			ty Vehicle 3	Vehicle 4	ng Circumstaı	1000	Hit and Ru	n NO					
	_	Beverages	Ä		ĴË		Engine Failure		School Zor	ne NO					
	Prescripti Driver Asi	leep or Fatigued	片	╡┝	╬	片	Brake Failure of		Rumble St	ips NO					
	Unsafe Sp		ᆸ	<u> </u>	ďE		Other Lights D		URBAN						
	Failure to Disregard	Signal	밁	- -	让			hield Defective	Light Cond DARK (L						
	Left of Ce	Passing	ㅂ	 	炶	旧	Oversize/Overs Insecure/Leaky	Load	Weather Co	anditions					
	:	Turning Lane Usage Too Closely	H		扑		Tow Hitch Faile Other None	ure	Surface Co	ndition					
18885	Unsafe Ba	acking	Envi	ironm	ent C	onti	ibuting Circu Glare	mstances	Type of Me DRIVABL				7		
	· —	ay on One Way		3	╬		Roadway Surfa Holes/Ruts in S Shoulder Defe	Surface NO JUNCTION INVOLVED ective Road Character STRAIGHT/LEVEL							
	Passenge	n's Action er Distraction	ద	 	炶	日	Road Under Co								
	Jackknifir Cell Phon	•	벍	╡┞	炐	片	Severe Crossic Obstruction No Lane Marking (ot Marked	Roadway Surface ASPHALT						
	Other Tell	ematics	Ħ١	ij,	炐	I	View Obstructe	ed	Construction	on If Yes,	Construction	Туре			
	Driver Dis	stracted eather Conditions	Hŀ	$\exists E$	31	lH	Animal/Object Traffic Ctl Inop	in Roadway Missing/Obscure	NO Traffic Control Devices						
IRRRF	Unsafe La	ine Movement	R١	٦,	₹	ŀΡ	Utility Work Other		NONE						
	None		<u> </u>	7 [<u> </u>		None		Traffic Control Device Operational? NA						
Total Estimate of a \$1001 TO \$2500	_	Crash:							Was this c	ash the result	of aggressive	driving?	NO	,	
Other Property Dan		State Property	Ow	ner's l	larne a	ınd A	ddress								
Other Property Dan	nage (2)	State Property	Ow	ner's l	lam e a	nd A	ddress								
	Witn	ess/Other Par	ticipa	ant						Non-	Motorist				
Witness	# Nami	e LYN						(Last Name, First	Name, MI)						
✓ Other Particip Address etc.	ant 1 JAC							Non-Meterist Typ	e	Non-Motorist	Action				
Phone #	Phone # Location at Time of Crash FRONT PASSENGER OF UNIT 1						Apparent Physica	l Condition							
Witness Other Particip Address etc.	# Name	В						Cited? Street/Highway	Direction						
Addition all.															
Phone # Location at Time of Crash					Traffic Control? If yes, was traffic control operational					al?					

	INDIANA OFFICER'S STANDARD CF Electronic Version							ASH REPO	PRT			Page	1	of	4
(416										Local ID	1				
Date of Crash 12/15/2011	Day of Week Thu	Actual Local Tir 8:08 PM	ne			County		Town ANDEF	•	# Motor Vehicles	# Injured	# Dead	Veh	mercial ides	# Deer
Rø	ad Crash Occurr	ed On	╧	Near	estint	tersec	ting Road/MileM	larker/Interchange		intersection,	Direction			sific ation	_
										r of feet from 1000	S	LC	CAL/CI	TY ROA	Ð
Inside Corporate YES	Limits?		City				ity/Town		Prop	·	Crash Lat	titude	Cra	ish Longi	tude
	Driver #1			Al	Drive				Driver #3	OTHER Driver #3 Driver #4					
	JOSEPH _I L			PORT	NOOD),AMB	ER,L								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3	4		Primary Cause		 	4					Area Info	rmation			
Outro Vehicle 1_ Vehicle 2_ Vehicle 2_ Vehicle 3_		tances		Vehicle 1		ri Vehicle 4	g Circumstaı	1000	Hit and Ru	n NO					
	_	Beverages	Ä		ĴË	ĬΒ	Engine Failure		School Zor	ne NO					
	Prescripti Driver Asi Driver Ilin	leep or Fatigued	片	╡┝	╬	片	Brake Failure of Tire Failure or Handlight(s) Do		Rumble St Locality	rips NO					
	Unsafe Sp	peed	口[ゴ [1 🗀	口	Other Lights D	efective	URBAN						
	Failure to Disregard	Signal	벍	 	悜	Ц		hield Defective	Light Cond DARK (L						
	Left of Ce		ㅂ	<u> </u>	让	日	Oversize/Overs Insecure/Leaky	Load	Weather C CLEAR	onditions					
	:	Turning Lane Usage Too Closely	H		╬┾		Tow Hitch Faile Other None	ure	Surface Co	ndition				/	
	Unsafe Ba	acking	Envi	ironm	ent C	ontr	ibuting Circu Glare	mstances	Type of Me DRIVABL				7		
	· —	ay on One Way		36			Roadway Surfa Holes/Ruts in S	Surface NO JUNCTION INVOLVED Road Character							
	∵	n's Action er Distraction	ㅂ	╛┞	怗	日	Shoulder Defe Road Under Co								
] 🔲 Jackknifir		片	╡╞	壯	目	Severe Crossn Obstruction No	ot Marked	Roadway 8	Gurface					
	Cell Phon Other Tel	ematics	벋	╛┇	忙	日	Lane Marking (View Obstructo	ed	Constructi	on If Yes,	Construction	Туре			
IHHHH	Driver Dis	stracted eather Conditions	Hŀ	┨╌	╂┝	łΗ	Animal/Object Traffic Ctl Inop	in Roadway Missing/Obscure	NO Traffic Control Devices						
	Unsafe La	ine Movement	口口	٦Þ	ļþ	日	Utility Work Other	•	NONE						
	None			7	<u>i</u> =		None		Traffic Control Device Operational? NA						
Total Estimate of a \$1001 TO \$2500	_	Crash:							Was this c	rash the result	of aggressive	driving?	NC)	
Other Property Dan		State Property	Ow	ner's l	larne a	ınd Ac	ldress								
Other Property Dan	nage (2)	State Property	Ow	ner's i	lam e a	nd Ad	ldress								
	Witn	ess/Other Par	ticipa	ant						Non-	Motorist				
Witness	Witness # Name ((Last Name, First	Name, MI)								
Other Particip Address etc.	ant 1 JAC	LYN						Non-Motorist Typ	С	Non-Motoris	t Action				
Phone #		ion at Time of Cra		UNIT	- ₁			Apparent Physica	Il Condition						
Witness Other Particip	# Name							Cited?	Direction						
Address etc.								Street/Highway							
Phone #	Phone # Location at Time of Crash					Traffic Control? If yes, was traffic control operations				al?					

Page	2	of	4

Local ID

Type of Crash	REAR END					
Time Notified	Time Arrived Other Location of Investigation					
8:08 PM	8:18 PM	PM AT SCENE ONLY				
Assisting Officer	1	•	ID No.	Agency	Investigation Complete?	Photos Taken?
N DURR			321	ANDERSON PD	YES	NO
Assisting Officer			ID No.	Agency	Date of Report	
					12/15/	2011
Investigating Officer			ID No.	Agency	Reviewing Officer	
GEHRKE, B			326	ANDERSON PD		

Narrative

UNIT 1 STATED HE WAS S/B IN THE PARKING LOT OF HIS RESIDENCE AT 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 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		Page 3 of 4
Local ID		raye 3 ol 4
Driver's Name (Last, First, MI)		Safety Equipment Used
1 JOSEPH, L Address (Street City State Zip)		LAP + HARNESS Safety Equipment Effective?
		YES
	IN	Ejection/Trapped NOT EJECTED OR TRAPPED
Date of Birth Age		EMS No. Immed Attn Driver Injury Status
01/04/1986 25	MALE	
Driver's License #	/pe CDL Class Lie State	Nature of Most Severe Injury
	rictions	Location of Most Severe Injury
Normal Glasses/Contact Lenses Glasses/Co		If Cited? IC Codes
Handicapped Daylight Driving	PP Chauffeurs Taxi Only	
Automatic Transmission Asleep/Fatigued Special Controls	Power Steering Special Restrictions	Infraction Misdemeanor
Drugs/Medication Employment Only	Probation DWI	Felony
Unknown Motorcycle Only	Probation HTO	
Test Given Type Given	✓ None	
NONE L	reath SFST PBT	
Alcohol Results Certified	Drug Results	
PBT Test Pendi	ng Model Style	Initial Impact Area
. =====	312 4D	
# Occupants Lic Year License #	License State IN	Undercarriage Trailer None
#Axles Speed Limit Insured By	Phone Number	None Unknown
2 45 Sehicle Identification#		Areas Damaged (Multiples)
		Undercarriage Undercarriage
Registered Owner's Name (Last, First, MI)	Same as Driver	Undercarriage Trailer None
JOSEPH, L Address (Street, City, State, Zip)		None
		Unknown
		Vehicle Use
Towed? To NO By		PERSONAL (FARM, COMPANY)
Lic State Lic Year Registered Owner's Name (La	st, First, MI) Same as Driver	Emergency Run? Fire?
		NO Vehicle Type
License# Address (Street, City, State, Zi	r [,]	PASSENGER CAR/STATION WAGON
Veh Year Make		Pre-Crash Vehicle Action
Lic State Lic Year Registered Owner's Name (La	1.51-1.110	TURNING RIGHT
	Same as Driver	Direction of Travel
License# Address (Street, City, State, Zi	p)	SOUTH
Veh Year Make		Type of Primary/Secondary Roadway
Commercial Vehicle: Carrier's Na	me and Address	One Way Traffic Two Way Traffic
		One Lane Two Lanes Private Drive
		Two Lanes Multi-Lane Divided (3 or more) Alley
		Multi-Lanes (3 or more) Multi-Lane Undivided 2 way left turn
HATMAT Drange Shipuling Name:	State DOT#	Multi-Lane Undivided (3 or more) Event Collision With
HAZMAT Proper Shipping Name:	ocate do 1#	CANIT PAINZINI ANITI
US DOT# ICC#	CMV Inspection If Yes	1. ANOTHER MOTOR VEHICLE
Gross Vehicle Weight Rating Ca	go Body Type	
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-	Digit ID# Hazzard Class #	

UNIT INFORMATION	Page 4	4
Local ID	Page 4	of 4
Driver's Name (Last, First, MI) 2 PORTWOOD, AMBER, L	Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)	Safety Equipment Effective?	
	YES Ejection/Trapped	
IN.	NOT EJECTED OR TRAPPED	
Date of Birth Age 05/14/1990 21	Gender EMS No. Immed Attn Driver Injury Status FEMALE	
Driver's License# Lic Type	CDL Class Lie State Nature of Most Severe Injury	
OP Apparent Physical Status Restrictions	Location of Most Severe Injury	
Normal Glasses/Contact Lenses En	mployer's Vehicle Only	
	tate-Owned Vehicles If Cited? IC Codes P Chauffeurs Taxi Only	
	owar Steering Infraction	
	pecial Restrictions Misdemeanor Misdemeanor	
	robation HTO	
Test Given Type Given TolFrom Employment ✓ No	one	
NONE Blood Urine Breath	SFST PBT	
Alcohol Results Certified	Drug Results	
PBT Test Pending Veh# Color Vehicle Year Make Model	Style Initial Impact Area	
2 WHT 2005 CADILLAC STS	4D Undercarriage	
# Occupants Lic Year License #	License State Trailer	Rear
# Axles Speed Limit Insured By	IPhone Number	
2 45	Unknown	<i></i>
Vehicle Identification#	Areas Damaged (Multiples)	
Registered Owner's Name (Last, First, MI)	Same as Driver Trailer	Rear
PORTWOOD, AMBER, L Address (Street, City, State, Zip)	None] =
	Unknown	
IN	Vehicle Use	
	e to Disabling Damage PERSONAL (FARM, COMPANY)	
NO By Lic State Lic Year Registered Owner's Name (Last, First,	Emergency Run? Fire?	
License# Address (Street, City, State, Zip)	Same as Driver NO Vehicle Type	
Address (Street, City, State, Zip)	PASSENGER CAR/STATION WAGON	
Veh Year Make	Pre-Crash Vehicle Action	
Lic State Lic Year Registered Owner's Name (Last, First,	MI) Same as Driver GOING STRAIGHT	
	Direction of Travel	
License# Address (Street, City, State, Zip)	south	
Veh Year Make	Type of Primary/Secondary Roadway	
Commercial Vehicle: Carrier's Name and A		
		ivate Drive
		ley
	Multi-Lanes (3 or more) ✓ Multi-Lane Undivided 2 way left turn Multi-Lane Undivided (3 or more)	
HAZMAT Proper Shipping Name: State	DOT# Event Collision With	
US DOT# ICC# CMY	V Inspection If Yes 1. ANOTHER MOTOR VEHICLE	
Gross Vehicle Weight Rating Cargo Body	у Туре	
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID#	Liamond Circo H	
NAZWAT PIRCATO NAZWAT KERBASE OF CARGO NAZWAT 4-DIGIT ID#	Hazzard Class #	

Page	2	of	4

Local ID

T a a 4								
Type of Crash	REAR END							
Time Notified	Time Arrived	Time Arrived Other Location of Investigation						
8:08 PM	8:18 PM	8:18 PM AT SCENE ONLY						
Assisting Officer	•	•	ID No.	Agency	Investigation Complete?	Photos Taken?		
N DURR			321	ANDERSON PD	YES	NO		
Assisting Officer			ID No.	Аденсу	Date of Report			
					12/15/	2011		
Investigating Officer			ID No.	Agency	Reviewing Officer			
GEHRKE, B			326	ANDERSON PD				

Narrative

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UNIT 2 STATED SHE WAS S/B IN THE STATED 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		Page 3 of 4
Local ID		rage 3 ol 4
Driver's Name (Last, First, MI)		uipment Used
1 JOSEPH, L Address (Street City State Zip)	I	IARNESS uipment Effective?
	YES	apriorit Ellostivo:
	IN Ejection/	Trapped ECTED OR TRAPPED
Date of Birth Age	Gender EMS No.	Immed Attn Driver Injury Status
01/04/1986 25	MALE	
Driver's License #	pe CDL Class Lie State Nature of OP IN	Most Severe Injury
	_ '	of Most Severe Injury
Normal Glasses/Contact Lenses	Employer's Vehicle Only State-Owned Vehicles	Cited? IC Codes
Handicapped Daylight Driving	PP Chauffeurs Taxi Only	
Automatic Transmission Asleep/Fatigued Special Controls	Power Steering	fraction isdemeanor
Drugs/Medication Employment Only	= 1 =	lony
Unknown Motorcycle Only	Probation HTO	
Test Given Type Given	None	
NONE Blood Urine B	eath SFST PBT	
Alcohol Results Certified	Drug Results	
PBT Test Pendi	•	mpact Area
1 SIL 2003 SATURN	12 4D U	
# Occupants Lic Year License #		ailer E
#Axles Speed Limit Insured By	Phone Number N	one
2 45 Sehicle Identification#		Oarnaged (Multiples)
		ndercarriage
Registered Owner's Name (Last, First, MI)		alter SE
JOSEPH, L Address (Street, City, State, Zip)		
		nknown
	IN Vehicle U	
Towed? To NO By		NAL (FARM, COMPANY)
Lic State Lic Year Registered Owner's Name (La	t, First, MI) Same as Driver	
		NO NO
License# Address (Street, City, State, Z	' I	IGER CAR/STATION WAGON
Veh Year Make		Vehicle Action
Lic State Lic Year Registered Owner's Name (La	TURNIN	G RIGHT
	Direction	
License# Address (Street, City, State, Z	south	
Veh Year Make		Primary/Secondary Roadway
Commercial Vehicle: Carrier's Na	One Wa	y Traffic Two Way Traffic
	On	E Lane Two Lanes Private Drive
	l=	Danes Multi-Lane Divided (3 or more) Alley
		ti-Lanes (3 or more) Multi-Lane Undivided 2 way left turn
HATMAT Drange Shipuling Name:	State DOT# Event Co	Multi-Lane Undivided (3 or more)
HAZMAT Proper Shipping Name:	GLATE DO 1# EVENT GO	III III III III III III III III III II
US DOT# ICC#	CMV Inspection If Yes 1. ANO	HER MOTOR VEHICLE
Gross Vehicle Weight Rating Ca	go Body Type	
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-	igit ID# Hazzard Class #	

UNIT INFORMATION		Pore 4 of 4
Local ID		Page 4 of 4
Driver's Name (Last, First, MI)		Safety Equipment Used
2 PORTWOOD, AMBER, L Address (Street. City. State. Zip)		LAP + HARNESS Safety Equipment Effective?
		YES
	IN	Ejection/Trapped NOT EJECTED OR TRAPPED
Date of Birth Age	Gender	EMS No. Immed Attn Driver Injury Status
05/14/1990 21 Driver's License# Lic Typ	FEMALE e CDL Class Lie State	Nature of Most Severe Injury
	P DE Class Lie state	Nature of most severe injury
Apparent Physical Status Restrict Normal Glasses/Contact Lenses	ctions Employer's Vehicle Only	Location of Most Severe Injury
Had Been Drinking Outside Rearview Mirror	State Owned Vehicles	If Cited? IC Codes
Handicapped Daylight Driving Automatic Transmission	PP Chauffeurs Taxi Only Power Steering	Infraction
Asleep/Fatigued Special Controls	Special Restrictions	Misdemeanor
Drugs/Medication Employment Only	Probation DWI	Felony
Unknown Motorcycle Only TolFrom Employment	Probation HTO ✓ None	
Test Given Type Given		
NONE Blood Urine Bre	ath SFST PBT Drug Results	
Cartified PBT Test Pending		
Veh# Color Vehicle Year Make Mo	odel Style	Initial Impact Area
2 WHT 2005 CADILLAC ST # Occupants Lic Year License #	S 4D	Undercarriage
1 2012	IN	Trailer to None
# Axles Speed Limit Insured By 2 45	Phone Number	Unknown
Vehicle Identification#		Areas Damaged (Multiples)
Decision I Company (Local First MD)		Undercarriage
Registered Owner's Name (Last, First, MI) PORTWOOD, AMBER, L	Same as Driver	Trailer III
Address (Street, City, State, Zip)		None Unknown
		Vehicle Use
Towed? To	IN Due to Disabling Damage	PERSONAL (FARM, COMPANY)
NO By	Due to Disabing Damage	Emergency Run? Fire?
Lic State Lic Year Registered Owner's Name (Last,	First, MI) Same as Driver	
License# Address (Street, City, State, Zip)	1	
		PASSENGER CAR/STATION WAGON
Veh Year Make		Pre-Crash Vehicle Action
Lic State Lic Year Registered Owner's Name (Last,	First, MI) Same as Driver	GOING STRAIGHT
License# Address (Street, City, State, Zip)		Direction of Travel
, maraya (oreat, ore, orate, Ap)		SOUTH
Veh Year Make		Type of Primary/Secondary Roadway
Commercial Vehicle: Carrier's Name	e and Address	One Way Traffic Two Way Traffic Private Drive
		Two Lanes Multi-Lane Divided (3 or more) Alley
		Multi-Lanes (3 or more) Multi-Lane Undivided 2 way left turn
		Multi-Lane Undivided (3 or more)
HAZMAT Proper Shipping Name:	State DOT#	Event Collision With
III DOTH	CMV Income I KV	
US DOT# ICC#	CMV Inspection If Yes	1. ANOTHER MOTOR VEHICLE
Gross Vehicle Weight Rating Cargo	o Body Type	
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Dig	git ID# Hazzard Class #	
THE MALE THE PROPERTY OF THE PARTY OF THE PA	D	