



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901213417

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Local ID

200939159

Date of Crash 11/15/2009	Day of Week Sun	Actual Local Time 4:50 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 126TH ST			Nearest/Intersecting Road/MileMarker/Interchange CHAMPIONS BLVD		If not an Intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town FISHERS			Property? OTHER	Crash Latitude	Crash Longitude			
Driver #1 STEELE, DAVID, J		Driver #2		Driver #3		Driver #4			

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Driver Contributing Circumstances	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Vehicle Contributing Circumstances
<input type="checkbox"/>	<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/>	<input type="checkbox"/> Engine Failure or Defective
<input type="checkbox"/>	<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/> Accelerator Failure or Defective
<input type="checkbox"/>	<input type="checkbox"/> Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/> Brake Failure or Defective
<input type="checkbox"/>	<input type="checkbox"/> Driver Asleep or Fatigued	<input type="checkbox"/>	<input type="checkbox"/> Tire Failure or Defective
<input type="checkbox"/>	<input type="checkbox"/> Driver Illness	<input type="checkbox"/>	<input type="checkbox"/> Headlight(s) Defective or Not On
<input type="checkbox"/>	<input type="checkbox"/> Unsafe Speed	<input type="checkbox"/>	<input type="checkbox"/> Other Lights Defective
<input type="checkbox"/>	<input type="checkbox"/> Failure to Yield	<input type="checkbox"/>	<input type="checkbox"/> Steering Failure
<input type="checkbox"/>	<input type="checkbox"/> Disregard Signal	<input type="checkbox"/>	<input type="checkbox"/> Window/Windshield Defective
<input type="checkbox"/>	<input type="checkbox"/> Left of Center	<input type="checkbox"/>	<input type="checkbox"/> Oversize/Overweight Load
<input type="checkbox"/>	<input type="checkbox"/> Improper Passing	<input type="checkbox"/>	<input type="checkbox"/> Insecure/Leaky Load
<input type="checkbox"/>	<input type="checkbox"/> Improper Turning	<input type="checkbox"/>	<input type="checkbox"/> Tow Hitch Failure
<input type="checkbox"/>	<input type="checkbox"/> Improper Lane Usage	<input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/> Following Too Closely	<input checked="" type="checkbox"/>	<input type="checkbox"/> None
<input type="checkbox"/>	<input type="checkbox"/> Unsafe Backing	Environment Contributing Circumstances	
<input type="checkbox"/>	<input type="checkbox"/> Overcorrecting	<input type="checkbox"/>	<input type="checkbox"/> Glare
<input type="checkbox"/>	<input type="checkbox"/> Ran off Road	<input type="checkbox"/>	<input type="checkbox"/> Roadway Surface
<input type="checkbox"/>	<input type="checkbox"/> Wrong Way on One Way	<input type="checkbox"/>	<input type="checkbox"/> Holes/Ruts in Surface
<input type="checkbox"/>	<input type="checkbox"/> Pedestrian's Action	<input type="checkbox"/>	<input type="checkbox"/> Shoulder Defective
<input type="checkbox"/>	<input type="checkbox"/> Passenger Distraction	<input type="checkbox"/>	<input type="checkbox"/> Road Under Construction
<input type="checkbox"/>	<input type="checkbox"/> Restriction Violation	<input type="checkbox"/>	<input type="checkbox"/> Severe Crosswinds
<input type="checkbox"/>	<input type="checkbox"/> Jackknifing	<input type="checkbox"/>	<input type="checkbox"/> Obstruction Not Marked
<input type="checkbox"/>	<input type="checkbox"/> Cell Phone Usage	<input type="checkbox"/>	<input type="checkbox"/> Lane Marking Obscured
<input type="checkbox"/>	<input type="checkbox"/> Other Telematics	<input type="checkbox"/>	<input type="checkbox"/> View Obstructed
<input checked="" type="checkbox"/>	<input type="checkbox"/> Driver Distracted	<input type="checkbox"/>	<input type="checkbox"/> Animal/Object in Roadway
<input type="checkbox"/>	<input type="checkbox"/> Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure
<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Utility Work
<input type="checkbox"/>	<input type="checkbox"/> None	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other
		<input type="checkbox"/>	<input type="checkbox"/> None

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DARK (NOT LIGHTED)
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	NONE
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/LEVEL
Roadway Surface	CONCRETE
Construction	YES
If Yes, Construction Type	LANE CLOSURE
Traffic Control Devices	OTHER REGULATORY SIGN/MARKING
Traffic Control Device Operational?	NA

Total Estimate of all damage in the Crash:
\$5001 TO \$10000

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			Non-Motorist		
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)		
<input type="checkbox"/> Other Participant			Non-Motorist Type	Non-Motorist Action	
Address etc.			Apparent Physical Condition		
Phone #	Location at Time of Crash		Cited?	Direction	
<input type="checkbox"/> Witness	#	Name	Street/Highway		
<input type="checkbox"/> Other Participant			Traffic Control? If yes, was traffic control operational?		
Address etc.					
Phone #	Location at Time of Crash				

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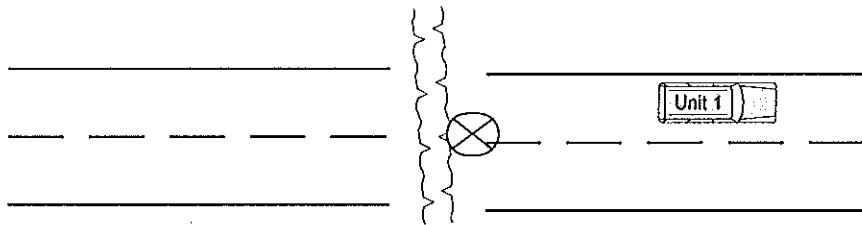
Type of Crash		OTHER - EXPLAIN IN NARRATIVE			
Time Notified 4:53 AM	Time Arrived 5:30 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 11/15/2009	
Investigating Officer DENNIS, B		ID No. 3122	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he did not see the signs that the road was closed prior to hitting the gap in the incomplete road. D1 was seen by EMS 1133 and refused treatment.



OFC B Dennis
Case # 2009-39159
Fishers Police Department



NOT TO SCALE