



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902671437

Page 1 of 6

Local ID 20160001914

Date of Crash 03/16/2016	Day of Week Wed	Actual Local Time 5:19 PM	County BOONE	Township WORTH	# Motor Vehicles 4	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On WHITESTOWN PKWY PKWY			Nearest/Intersecting Road/Mile Marker/Interchange MAIN ST ST		If not an intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town WHITESTOWN			Property? OTHER	Crash Latitude		Crash Longitude		
Driver #1 MODESITT, ANTHONY, B		Driver #2 WHITLOCK, AMANDA, D		Driver #3 COBB, JEREMY		Driver #4 CAUDILL, JOSHUA			

<p>Primary Cause</p> <p>Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4</p> <p>Driver Contributing Circumstances</p> <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Alcoholic Beverages</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Illegal Drugs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Prescription Drugs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Driver Asleep or Fatigued</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Driver Illness</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Unsafe Speed</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Failure to Yield</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Disregard Signal</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Left of Center</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper Passing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper Turning</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Improper Lane Usage</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Following Too Closely</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Unsafe Backing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Overcorrecting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ran off Road</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wrong Way on One Way</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pedestrian's Action</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Passenger Distraction</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Restriction Violation</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jackknifing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cell Phone Usage</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other Telematics</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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type="checkbox"/></td><td><input type="checkbox"/></td><td>Brake Failure or Defective</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tire Failure or Defective</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Headlight(s) Defective or Not On</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other Lights Defective</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Steering Failure</td></tr> <tr><td><input type="checkbox"/></td><td><input 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type="checkbox"/></td><td>Shoulder Defective</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Road Under Construction</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Severe Crosswinds</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Obstruction Not Marked</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lane Marking Obscured</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>View Obstructed</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Animal/Object in Roadway</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Traffic Ctl Inop/Missing/Obscure</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Utility Work</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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type="checkbox"/>	Obstruction Not Marked	<input type="checkbox"/>	Lane Marking Obscured	<input type="checkbox"/>	View Obstructed	<input type="checkbox"/>	Animal/Object in Roadway	<input type="checkbox"/>	Traffic Ctl Inop/Missing/Obscure	<input type="checkbox"/>	Utility Work	<input type="checkbox"/>	Other	<input type="checkbox"/>	None	<p>Area Information</p> <p>Hit and Run NO</p> <p>School Zone NO</p> <p>Rumble Strips YES</p> <p>Locality RURAL</p> <p>Light Condition DAYLIGHT</p> <p>Weather Conditions CLEAR</p> <p>Surface Condition DRY</p> <p>Type of Median CURBED</p> <p>Type of Roadway Junction NO JUNCTION INVOLVED</p> <p>Road Character STRAIGHT/LEVEL</p> <p>Roadway Surface CONCRETE</p> <p>Construction NO If Yes, Construction Type</p> <p>Traffic Control Devices TRAFFIC CONTROL SIGNAL</p> <p>Traffic Control Device Operational? YES</p> <p>Was this crash the result of aggressive driving? NO</p>																																																																																																																																																																																																																								
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tow Hitch Failure																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other																																																																																																																																																																																																																																																																																																																																																			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roadway Surface																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holes/Ruts in Surface																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder Defective																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Road Under Construction																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe Crosswinds																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstruction Not Marked																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lane Marking Obscured																																																																																																																																																																																																																																																																																																																																																			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal/Object in Roadway																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Ctl Inop/Missing/Obscure																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility Work																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None																																																																																																																																																																																																																																																																																																																																																			

Total Estimate of all damage in the Crash:
\$25001 TO \$50000

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

Local ID

20160001914

**Type of
Crash**

REAR END

Time Notified 5:19 PM	Time Arrived 5:21 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 03/16/2016	
Investigating Officer BOUTWELL, D		ID No. 509	Agency WHITESTOWN PD	Reviewing Officer	

Narrative

ON 03/16/2016 TRAFFIC WAS BACKED UP AT THE TRAFFIC LIGHTS ON WHITESTOWN PKWY AND PERRYWORTH RD WHEN VEHICLE 1 THOUGHT TRAFFIC HAD STARTED TO MOVE HE EXCELLORATED FORWARD STRIKING THE REAR OF VEHICLE TWO PUSHING IT INTO VEHICLE 3 AND 4 . DRIVER OF VEHICLE 2 WAS COMPLAINING OF INJURY AND WAS TRANSPORTED TO ST V HOSPITAL BY MEDIC 71. DRIVER OF VEHICLE 3 WAS TICKETED FOR DRIVING WHILE SUSPENDED PRIOR AND TRANSPORTED TO JAIL

UNIT INFORMATION

902671437

Local ID
20160001914

1 Driver's Name (Last, First, MI) MODESITT, ANTHONY, B		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 34 ROBINWOOD CR		Safety Equipment Effective? YES	
BROWNSBURG IN 46112		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/07/1975	Age 40	Gender MALE	EMS No. 71
		Immed Attn NO	Driver Injury Status UNKNOWN
Driver's License # 0810061250	Lic Type OP	GDL Class	Lic State IN
Nature of Most Severe Injury NONE VISIBLE			
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	
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			
Veh# 1	Color BROWN	Vehicle Year 1999	Make Chevrolet
# Occupants 2		Lic Year 2017	License # DU9999
# Axles 2		Speed Limit 40	Insured By NATIONWIDE AUTO
Vehicle Identification # 1GNEK13R3XJ560882		Phone Number 0000000000	
Registered Owner's Name (Last, First, MI) MODESITT, ANTHONY, B		<input type="checkbox"/> Same as Driver	
Address (Street, City, State, Zip) 34 ROBINWOOD CR			
BROWNSBURG IN 46112			
Towed? NO	To By	Due to Disabling Damage	
1a	Lic State IN	Lic Year 2017	Registered Owner's Name (Last, First, MI) MODESITT, ANTHONY, B
License # UNKNOWN		Address (Street, City, State, Zip) 34 ROBINWOOD CR	
Veh Year 2016	Make UNKNOWN	BROWNSBURG	IN 46112
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		Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear	
Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear	
Vehicle Use PERSONAL (FARM, COMPANY)		Emergency Run? NO	
Vehicle Type SPORT UTILITY VEHICLE		Pre-Crash Vehicle Action GOING STRAIGHT	
Direction of Travel WEST		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 <input checked="" 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 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	
Event Collision With 1. ANOTHER MOTOR VEHICLE			

UNIT INFORMATION

902671437

Local ID
20160001914

2		Driver's Name (Last, First, MI) WHITLOCK, AMANDA, D			Safety Equipment Used LAP + HARNESS													
Address (Street, City, State, Zip) 890 N STATE ROAD 75					Safety Equipment Effective? YES													
LEBANON			IN		46052													
Date of Birth 10/16/1972		Age 43		Gender FEMALE		Ejection/Trapped NOT EJECTED OR TRAPPED												
Driver's License # 0810000076		Lic Type OP	CDL Class	Lic State IN	EMS No. 71	Immed Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED											
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 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			Nature of Most Severe Injury COMPLAINT OF PAIN										
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			Location of Most Severe Injury ENTIRE BODY			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				IC Codes										
Veh# 2	Color GRAY	Vehicle Year 2012	Make Chevrolet	Model IMT	Style 4D	Initial Impact Area												
# Occupants 1		Lic Year 2017	License # VOV258		License State IN		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Rear</div> </div>			<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"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
# Axles 2	Speed Limit 40	Insured By STATE FARM		Phone Number 7654827483			Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Rear</div> </div>			<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"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Vehicle Identification# 2G1W85E31C1235965					Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver WHITLOCK, AMANDA, D													
Address (Street, City, State, Zip) 890 N STATE ROAD 75					LEBANON IN 46052													
Towed? YES		To ZORES		By ZORES		Due to Disabling Damage YES												
License#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		Emergency Run? NO													
License#	Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON													
Veh Year	Make	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 WEST													
Veh Year	Make	Commercial Vehicle: Carrier's Name and Address				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 <input checked="" 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 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												
HAZMAT Proper Shipping Name:			State DOT#			Event Collision With 1. ANOTHER MOTOR VEHICLE												
US DOT#		ICC#	CMV Inspection	If Yes		Gross Vehicle Weight Rating												
HAZMAT Placard		HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		Cargo Body Type												

UNIT INFORMATION

902671437

Local ID
20160001914

3		Driver's Name (Last, First, MI) COBB, JEREMY			Safety Equipment Used LAP + HARNESS				
Address (Street, City, State, Zip) 1921 LAFAYETTE AVE					Safety Equipment Effective? YES				
LEBANON			IN		46052				
Date of Birth 01/19/1979		Age 37		Gender MALE		Ejection/Trapped NOT EJECTED OR TRAPPED			
Driver's License #		Lic Type NL	CDL Class	Lic State IN	EMS No. 71	Immed Attn NO	Driver Injury Status UNKNOWN		
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			Nature of Most Severe Injury NONE VISIBLE	
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# 3	Color WHITE	Vehicle Year 2006	Make Pontiac	Model GRAND PRIX	Style 4D				
# Occupants 1		Lic Year 2016	License # VZR109	License State IN					
# Axles 2	Speed Limit 40	Insured By ALPHA PROPERTY		Phone Number 0000000000					
Vehicle Identification# 2G2WP552261273293					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) COBB, JEREMY					<input type="checkbox"/> Same as Driver				
Address (Street, City, State, Zip) 1921 LAFAYETTE AVE					Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown				
LEBANON					IN				
46052					Vehicle Use PERSONAL (FARM, COMPANY)				
Towed? To NO By		Due to Disabling Damage			Emergency Run? NO				
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 GOING STRAIGHT						
Commercial Vehicle: Carrier's Name and Address		Direction of Travel WEST							
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 <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 <input checked="" 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 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				

UNIT INFORMATION

902671437

Local ID
20160001914

4		Driver's Name (Last, First, MI) CAUDILL, JOSHUA			Safety Equipment Used LAP + HARNESS		
Address (Street, City, State, Zip) 114 S MERIDIAN ST					Safety Equipment Effective? YES		
INGALLS			IN		46048		
Date of Birth 05/04/1984		Age 31		Gender MALE		Ejection/Trapped NOT EJECTED OR TRAPPED	
Driver's License # 1640114334		Lic Type OP	GDL Class	Lic State IN	EMS No. 71	Immed Attn NO	Driver Injury Status UNKNOWN
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 BACK	
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			<input type="checkbox"/> If Cited?	IC Codes	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending	Drug Results			<input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Veh# 4	Color RED	Vehicle Year 2015	Make EMON	Model FIRE	Style FT	Initial Impact Area	
# Occupants 3		Lic Year 2017	License # 36417		License State IN	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Rear
# Axles 2	Speed Limit 40	Insured By MUTUAL		Phone Number 7654571961		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Rear
Vehicle Identification# 4ENGAAAB1F1009472					Areas Damaged (Multiples)		
Registered Owner's Name (Last, First, MI) WHITESTOWN, TOWN OF					<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Address (Street, City, State, Zip) 6210 S 700E					Vehicle Use FIRE		
WHITESTOWN IN 46075					Emergency Run? NO		
Towed? To NO By		Due to Disabling Damage			Fire? NO		
License#		Address (Street, City, State, Zip)			Vehicle Type UNKNOWN TYPE		
Veh Year Make		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC		
License#		Address (Street, City, State, Zip)			Direction of Travel WEST		
Veh Year Make		Commercial Vehicle: Carrier's Name and Address			Type of Primary/Secondary Roadway		
HAZMAT Proper Shipping Name:		State DOT#			<input type="checkbox"/> One Way Road <input checked="" type="checkbox"/> Two Lanes - Two Way		
US DOT#		ICC#	CMV Inspection	If Yes	<input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way		
Gross Vehicle Weight Rating		Cargo Body Type			<input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn		
HAZMAT Placard		HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #	<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 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							