



INDIANA OFFICER'S STANDARD CRASH REPORT
Electronic Version

Page 1 of 5

903140118

Local ID
201803343

Date of Crash 04/29/2018	Day of Week Sun	Actual Local Time 4:33 AM	County VIGO	Township HARRISON	# Motor Vehicles 2	# Injured 4	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 3RD ST			Nearest/Intersecting Road/Mile Marker/Interchange VORHEES ST		If not an intersection, number of feet from 350	Direction N	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town TERRE HAUTE			Property?	Crash Latitude		Crash Longitude		
Driver #1 ELMORE, JARRETT		Driver #2 REYNOLDS, ALIYAH, B		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"/>	Alcoholic Beverages	<input type="checkbox"/>	Engine Failure or Defective
<input type="checkbox"/>	Illegal Drugs	<input type="checkbox"/>	Accelerator Failure or Defective
<input type="checkbox"/>	Prescription Drugs	<input type="checkbox"/>	Brake Failure or Defective
<input type="checkbox"/>	Driver Asleep or Fatigued	<input type="checkbox"/>	Tire Failure or Defective
<input type="checkbox"/>	Driver Illness	<input type="checkbox"/>	Headlight(s) Defective or Not On
<input checked="" type="checkbox"/>	Unsafe Speed	<input type="checkbox"/>	Other Lights Defective
<input checked="" type="checkbox"/>	Failure to Yield	<input type="checkbox"/>	Steering Failure
<input type="checkbox"/>	Disregard Signal	<input type="checkbox"/>	Window/Windshield Defective
<input type="checkbox"/>	Left of Center	<input type="checkbox"/>	Oversize/Overweight Load
<input type="checkbox"/>	Improper Passing	<input type="checkbox"/>	Insecure/Leaky Load
<input type="checkbox"/>	Improper Turning	<input type="checkbox"/>	Tow Hitch Failure
<input type="checkbox"/>	Improper Lane Usage	<input type="checkbox"/>	Other
<input type="checkbox"/>	Following Too Closely	<input checked="" type="checkbox"/>	None
<input type="checkbox"/>	Unsafe Backing	Environment Contributing Circumstances	
<input type="checkbox"/>	Overcorrecting	<input type="checkbox"/>	Glare
<input type="checkbox"/>	Ran off Road	<input type="checkbox"/>	Roadway Surface
<input type="checkbox"/>	Wrong Way on One Way	<input type="checkbox"/>	Holes/Ruts in Surface
<input type="checkbox"/>	Pedestrian's Action	<input type="checkbox"/>	Shoulder Defective
<input type="checkbox"/>	Passenger Distraction	<input type="checkbox"/>	Road Under Construction
<input type="checkbox"/>	Restriction Violation	<input type="checkbox"/>	Severe Crosswinds
<input type="checkbox"/>	Jackknifing	<input type="checkbox"/>	Obstruction Not Marked
<input type="checkbox"/>	Cell Phone Usage	<input type="checkbox"/>	Lane Marking Obscured
<input type="checkbox"/>	Other Telematics	<input type="checkbox"/>	View Obstructed
<input type="checkbox"/>	Driver Distracted	<input type="checkbox"/>	Animal/Object in Roadway
<input type="checkbox"/>	Speed/Weather Conditions	<input type="checkbox"/>	Traffic Ctl Inop/Missing/Obscure
<input checked="" type="checkbox"/>	Unsafe Lane Movement	<input type="checkbox"/>	Utility Work
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	None

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	URBAN
Light Condition	DARK (LIGHTED)
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	
Type of Roadway Junction	FOUR-WAY INTERSECTION
Road Character	STRAIGHT/LEVEL
Roadway Surface	ASPHALT
Construction	NO
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash:
\$10001 TO \$25000

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

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**Type of
Crash**

RAN OFF ROAD

Time Notified 4:33 AM	Time Arrived 4:35 AM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer J HOPPER		ID No. 113	Agency TERRE HAUTE PD	Investigation Complete? NO	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 04/29/2018	
Investigating Officer RIBOLLA, J		ID No. 218	Agency TERRE HAUTE PD	Reviewing Officer D BLUNK 194	

Narrative

D1 was not able to provide a statement at the time of this report.

D2 stated she and V1 were both n/b on 3rd St, south of Vorhees (V2 was in the outside lane, V1 in the inside lane), when a car was swerving in front of them. She advised she swerved away from the vehicle, V1 swerved away from her and both vehicles crossed the southbound lanes and crashed in the parking lot in front of 2305 and 2309 S 3rd St.

The bicyclist had no idea what happened.

The passenger in V2 advised they were n/b on 3rd St, but advised she was looking at her cell phone and does not know what happened until the vehicle started to swerve and the crashed.

See attached vehicle crash diagram

UNIT INFORMATION

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1		Driver's Name (Last, First, MI) ELMORE, JARRETT			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT																
Address (Street, City, State, Zip) 15956 ELLIS AVE					Safety Equipment Effective? YES																
SOUTH HOLLAND			IL		60473																
Date of Birth 02/17/1999		Age		Gender MALE		EMS No. 1181	Immed Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED													
Driver's License # E45642099048			Lic Type OP	CDL Class	Lic State IL	Nature of Most Severe Injury SEVERE BLEEDING															
Apparent Physical Status <input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input checked="" type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input checked="" 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 type="checkbox"/> None			Location of Most Severe Injury HEAD													
Test Given ALCOHOL AND DRUG		Type Given <input checked="" 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 PBT		Certified Test <input checked="" type="checkbox"/> Pending			Drug Results																
Veh# 1	Color BLUE	Vehicle Year 2005	Make FORD		Model MUSTANG	Style 2D		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown													
# Occupants 1		Lic Year 2019	License # ABT347		License State IN			<table border="0"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <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 type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	Front	<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"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
# Axles 2	Speed Limit 40	Insured By LIBERTY MUTUAL		Phone Number 0000000000																	
Vehicle Identification# 1ZVFT80N05220726					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) ELMORE, JARRETT					<table border="0"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Front</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>				Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Address (Street, City, State, Zip) 11059 SUMMERLIN ST																					
CEDAR LAKE			IN		46303			Vehicle Use PERSONAL (FARM, COMPANY)													
Towed? To DURRS YES By DURRS		Due to Disabling Damage YES			Emergency Run?		Fire? 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			Pre-Crash Vehicle Action GOING STRAIGHT																
License#					Address (Street, City, State, Zip)																
Veh Year	Make				Direction of Travel NORTH																
Commercial Vehicle: Carrier's Name and Address					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 type="checkbox"/> Multi-Lane w/ Concrete Barrier <input checked="" 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																
HAZMAT Proper Shipping Name:				State DOT#				Event Collision With 1. ANOTHER MOTOR VEHICLE 2. BICYCLE													
US DOT#		ICC#		CMV Inspection	If Yes			3. TREE													
Gross Vehicle Weight Rating		Cargo Body Type																			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #																		

UNIT INFORMATION

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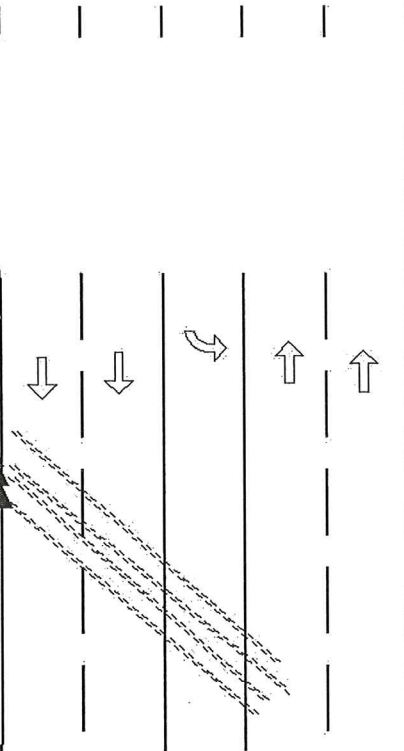
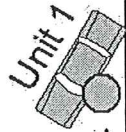
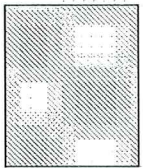
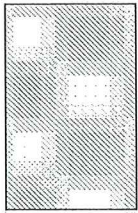
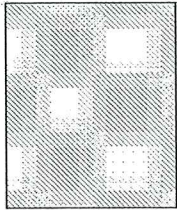
2		Driver's Name (Last, First, MI) REYNOLDS, ALIYAH, B			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT																												
Address (Street, City, State, Zip) 3450 192ND AVE LANSING IL 60438				Safety Equipment Effective? NO																													
Date of Birth 01/29/1999		Age		Gender FEMALE		Ejection/Trapped EJECTED																											
Driver's License # R543-0029-9629			Lic Type OP	CDL Class	Lic State IL	EMS No. 1181	Immed Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED																									
Apparent Physical Status <input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input checked="" 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"/> Tof/From Employment			Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO <input checked="" type="checkbox"/> None		Location of Most Severe Injury FACE																										
Test Given ALCOHOL AND DRUG		Type Given <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT																															
Alcohol Results PBT				Drug Results																													
Veh# 2		Color BLACK	Vehicle Year 2015	Make Dodge	Model Charger	Style 4D																											
# Occupants 2		Lic Year 2018	License # Z148666		License State IL																												
# Axles 2	Speed Limit 40	Insured By UNKNOWN			Phone Number 0000000000																												
Vehicle Identification# 2C3CDXH832281																																	
Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver REYNOLDS-MORGAN, BARBARA, F																																	
Address (Street, City, State, Zip) 3817 STREAMWOOD DR HAZEL CREST IL 60429																																	
Towed? To GILLS YES By GILLS				Due to Disabling Damage YES																													
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver																														
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Vehicle Use PERSONAL (FARM, COMPANY)				Emergency Run? Fire? NO																													
Vehicle Type PASSENGER CAR/STATION WAGON																																	
Pre-Crash Vehicle Action GOING STRAIGHT																																	
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Event Collision With 1. ANOTHER MOTOR VEHICLE 2. CURB																																	

NON-DRIVER INJURED INFORMATION

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Injured Pre-crash Location: Veh# 2 INJURED			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT		
Name (Last, First, MI) PARRIS, TITIANA, S			Safety Equipment Effective? YES		
Address (Street, City, State, Zip) 200 FARRINGTON ST APT 301			Ejection/Trapped NOT EJECTED OR TRAPPED		
TERRE HAUTE		IN	47802		EMS No. 1181
Immed Attn NO		Injury Status NON-INCAPACITATING -			
Date of Birth 01/25/1998	Age 20	Gender FEMALE			Nature of Most Severe Injury MINOR BLEEDING
Position in or on Vehicle			Location of Most Severe Injury ELBOW/LOWER ARM		
<input type="checkbox"/> Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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