



CITY OF FISHERS AGENDA

BOARD/COMMISSION: Board of Public Works and Safety

DATE: 1/28/2025 at 9:00 AM

**DIRECTIONS: Fishers Theater,
1 Municipal Drive, Fishers, IN 46038**

- 1. Meeting Called to Order**
- 2. Announcements**
- 3. Consent Agenda**
 - a. Request to review the previous meeting memoranda: Meeting Minutes 1-14-25.
 - b. Request to approve the account payable register: Accounts Payable 1-28-25.
- 4. Resolution**
 - a. **R012825** – Request to Approve Sponsorship Agreement with IU Health.
 - b. **R012825A** – Request to Approve 2025 Insurance Renewal.
 - c. **R012825C** – Request to Approve Special Purchase of Street Lights for 136th St. and 116th St./ Allisonville Rd Projects.
 - d. **R012825D** – Request to Approve Federal Funds Exchange Agreement with IMPO for 116th and Allisonville Roundabout.
- 5. Presentations**
 - a. Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane

(Spyglass Falls/Spyglass Hills). *Public Comment will be allowed at the 2/25/25 Public Works & Safety Board Meeting. Submit a Public Comment [HERE](#).

- 6. Regular Items**
- 7. Unfinished/New Business**
- 8. Meeting Adjournment**



CITY OF FISHERS AGENDA

BOARD/COMMISSION: Board of Public Works and Safety

DATE: 1/14/2025 at 9:00 AM

**DIRECTIONS: Fishers Municipal Center: Nickel Plate Conference Room,
1 Municipal Drive, ,**

1. Meeting Called to Order

2. Announcements

3. Presentations

4. Consent Agenda

a. Request to review the previous meeting memoranda: Meeting Minutes 12-20-24.

- Jeff Lantz made a motion to approve the consent agenda. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

b. Motion to add R011425M to the agenda.

- Jeff Lantz made a motion to add **R011425M** to the agenda. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

5. Resolution

a. **R011425** - Request to Approve Service Agreement with the Humane Society of Hamilton County.

- Ed Gebhart, Chief of Police, presented **R011425** to the board.
- Jeff Lantz made a motion to approve **R011425**. Scott Fadness seconded the motion.

There was no remonstrance and the motion passed 2 in favor, 0 opposed.

b. **R011425A** - Request to Approve Quote for a pedestrian bridge over High Ditch on the West side of Hoosier Rd.

- Rich Bassett, Asset Manager, presented **R011425A** to the board.
- Jeff Lantz made a motion to approve **R011425A**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

c. **R011425B** - Request to Approve Traffic Schedule Amendment.

- Rich Bassett, Asset Manager, presented **R011425B** to the board.
- Scott Fadness made a motion to approve **R011425B**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

d. **R011425C** - Request to Approve Reimbursement Agreement with IFA for Rosanna Village Low Pressure Sewer System.

- Jeremy Schmitt, Wastewater Quality Engineer, Engineering Department, presented **R011425C** to the board.
- Scott Fadness made a motion to approve **R011425C**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

e. **R011425D** - Request to Approve Sanitary Service Agreement for The Cove at Thorpe Creek Section 5.

- Jeremy Schmitt, Wastewater Quality Engineer, Engineering Department, presented **R011425D** to the board.
- Jeff Lantz made a motion to approve **R122024D**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

f. **R011425E** - Request to Approve Special Purchase (OpenGov).

- Jennifer Roam, Director of BSG, presented **R011425E** to the board.
- Scott Fadness made a motion to approve **R011425E**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

g. **R011425F** - Request to Renew Agreement with Tyler Technology Munis Financial Software and Approve 2025 Invoice.

- Jennifer Roam, Director of BSG, presented **R011425F** to the board.
- Jeff Lantz made a motion to approve **R011425F**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

h. **R011425G** - Request to Approve EAM Software Payment Invoice.

- Jennifer Roam, Director of BSG, presented **R011425G** to the board.

- Jeff Lantz made a motion to approve **R011425G**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

i. **R011425H** - Request to Approve Professional Services Agreement with Mork Productions.

- Ashley Elrod, Community and Public Relations Director, presented **R011425H** to the board.
- Scott Fadness made a motion to approve **R011425H**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

j. **R011425I** - Request to Approve Special Purchase of Bollard Lights.

- Eric Steiner, Assistant Director of Public Works, presented **R011425I** to the board.
- Jeff Lantz made a motion to approve **R011425I**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

k. **R011425J** - Request to Approve Special Purchase of New Firewalls.

- Tracy Gaynor, Director of IT, presented **R011425J** to the board.
- Scott Fadness made a motion to approve **R011425J**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

l. **R011425K** - Request to Approve Change Order (Agripark Building).

- Eric Steiner, Assistant Director of Public Works, presented **R011425K** to the board.
- Jeff Lantz made a motion to approve **R011425K**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

m. **R011425L** - Request to Approve Fourth Amendment to Landscaping Service Agreement (Wild Ridge).

- Trevor Wildey, Agripark Operations Manager, presented **R011425L** to the board.
- Jeff Lantz made a motion to approve **R011425L**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

n. **R011425M** - Request to approve Resolution Approving Trailhead Easement Agreement.

- Jake Reardon McSoley, Director of Recreation and Wellness, presented **R011425M** to the board.
- Scott Fadness made a motion to approve **R011425M**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

6. Regular Items

7. Unfinished/New Business

8. Meeting Adjournment

- Jeff Lantz made a motion to adjourn the meeting. Scott Fadness seconded the motion.
- There was no remonstrance and the motion passed 2 in favor, 0 opposed.
- The meeting was adjourned at 9:19 a.m.

Form Name:	Public Meeting Comment Form
Submission Time:	January 13, 2025 7:58 pm
Browser:	Chrome 131.0.0.0 / Windows
IP Address:	68.39.134.97
Unique ID:	1304981270
Location:	39.9564, -85.9651

Name	Peter Greco
Address	10403 Brixton Lane Fishers, IN 46037
Email	peter.m.greco@gmail.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hill & Spyglass Falls Connection

Comment

This email is in response to Mr. Hatem Mekky's, the City of Fishers Director of Engineering, letter dated 11/15/24 to residents regarding "Spyglass Hills & Spyglass Falls Connection".

The City of Fishers' recommendation to allow Spyglass Falls' vehicles to use Spyglass Hill residential streets as an additional ingress and egress access point is not a solution, but would result in much more traffic traveling through a residential neighborhood, is a speed and safety hazard, and is a bad idea for Spyglass Hill.

The primary entrance and exit for both Spyglass Falls and Spyglass Hill is 116th Street.

Both neighborhoods have the same traffic flow and safety issue with their 116th Street access.

However, Spyglass Hill is not the cause of, nor the solution for, the problem.

Traffic flow and speed control management along 116th Street adjacent to residential neighborhoods is the long-identified root cause of the problem that the City discussed and tabled in 2016, but hopefully budgeted for, that has to be fixed.

If the City has not budgeted for the unresolved and festering problem over the last 8+ years, then the City should begin budgeting for it now in order to properly fix the problem in the near future.

Adding and diverting Spyglass Falls traffic of potentially up to 500 vehicles daily (Spyglass Falls has over 250 houses) through Spyglass Hill does not solve, but skirts, the problem and does not even recognize nor address Spyglass Hill's neighborhood traffic ingress and egress problems at all, but ignores and compounds them.

Egress from Deering Street onto Cumberland Road, which now has much heavier traffic movement, has also become a traffic flow and safety problem for Spyglass Hill residents that doesn't need to be further exacerbated with vehicles that do not originate from Spyglass Hill. Traffic on Cumberland Road, similar to traffic on 116th Street, is getting worse, not better. Accessing Cumberland Road is not what it used to be.

The City's recommendation includes conducting a speed study "to monitor traffic speed and volume from Cumberland Road along Deering to Knightsbridge" and notifying "the neighborhood in advance of the speed study so that residents can avoid parking along the affected roadways" is faulty and unrealistic because

cars park daily along both sides of those narrow roads. As misstated in the City's July 24, 2016 Spyglass Falls/Spyglass Hill Traffic Study, the affected Spyglass Hill narrow roads do not meet the 24' width standard that was in effect when they were constructed but are only 22' wide when actually measured.

Significantly increasing vehicular traffic volume and noise through the Spyglass Hill neighborhood does not add any value or benefit, nor enhance traffic flow or safety, but does quite the opposite, for the City's Spyglass Hill constituents who do not want unnecessary traffic taking a shortcut and passing through, breaching the peace and quiet of, its residential neighborhood.

The City Engineering Department's disingenuous solution has a detrimental impact on Spyglass Hill and does not serve or benefit Spyglass Hill in any way.

Do not re-route Spyglass Falls' vehicular traffic, and other commercial traffic that will follow, though Spyglass Hill's residential streets, just as you would not want cut-through traffic taking a by-pass route in front of your home in your neighborhood.

Who wants more congestion, other problems, and increased risks associated with an increase in traffic, instead of a reduction in traffic, through their neighborhood?

The City has to come up with a better solution for both neighborhoods and not at the expense of just one neighborhood, Spyglass Hill in this case. Until then, or when a neighborhood can solve its own problems and not push or transfer its problems onto another neighborhood to shoulder the burden, both Spyglass Falls and Spyglass Hill drivers will have to continue to remain patient and drive safely within and in and out of their own respective neighborhood.

The City's currently proposed solution, which from the language in the City Director of Engineering's attached letter appears to be a foregone conclusion, is a questionable engineering recommendation with consequences that ironically create two new problems, one for Spyglass Hill, and two, ill-will and pitting neighborhoods against each other, instead of focusing on and fixing the traffic flow and speed control management problem on 116th Street for three neighborhoods.

If the City wants to enhance traffic flow and safety and improve the ingress and egress to and for both Spyglass Falls and Spyglass Hill neighborhoods, then the City should, without using the budget and finances or the question of whether a traffic signal

is warranted as an excuse if safety and lives are valued and prioritized, have its Department of Engineering come up with a real engineering solution and construct a traffic signal at the intersection of 116th Street and Klotz Farm Boulevard which would improve the ingress and egress for Spyglass Falls residents or, even better, the City should construct a traffic signal at the intersection of 116th Street and Spyglass Ridge Drive which would improve the ingress and egress for both Spyglass Hill and Archer Estates (which neighborhood entrance is directly across from Spyglass Hill on 116th Street and which has the same ingress and egress problem) and which also would have a benefit for Spyglass Falls residents who, if needing to travel west on 116th Street could, in short order, make a directed U-turn safely at the traffic signal.

The installation of a traffic signal is justified, needed, and warranted at either location and will impartially address the ingress and egress problems.

Constructing a traffic signal on 116th Street similar to what the City put in for Sunblest Farms neighborhood or for Fresh Thyme Market on 116th Street apparently was warranted, is feasible, and has not adversely affected traffic flow on 116th Street. So, do it again!

If safety, and not an inconvenient traffic delay, is the real issue for Spyglass Falls, then another good alternative is making the exit from Klotz Farm Boulevard a right turn only.

The City Engineering Department's letter to Spyglass Hill residents provides that it wants "to enhance traffic flow and safety in your community." How does its recommendation of having more vehicles travel through Spyglass Hill enhance traffic flow and safety in Spyglass Hill?

Why shouldn't the City's Engineering Department present Spyglass Hill residents with all of the options and let Spyglass Hill residents decide and vote on the solution?

The City, and its Engineering Department, must step-up and do better for the Spyglass Hill community as well.

**Would you like to receive email
communications and updates
from the City of Fishers?** Yes

Form Name: Public Meeting Comment Form
Submission Time: January 26, 2025 10:41 pm
Browser: Safari 17.4.1 / OS X
IP Address: 184.170.166.178
Unique ID: 1309021725
Location: 39.9594, -86.0199

Name	Daniel Wong
Address	11323 Spyglass Ridge Dr Fishers, IN 46037
Email	dan.s.wong@gmail.com
Subdivision or business name	Spyglass Hill at the Legends of Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane

The Dangers, Costs, and Short-Sightedness of a Road Between Spyglass Falls and Spyglass Hill Subdivisions

In recent years, the proposal to create a road connecting the Spyglass Falls and Spyglass Hill subdivisions has gained increasing attention. At first glance, the idea may seem like a simple and effective solution for improving accessibility between the two areas. However, a closer examination reveals that the risks-both in terms of safety and financial burden-far outweigh any potential benefits. The creation of this road would not only introduce serious dangers to residents and drivers, but it would also impose a significant financial burden on the community, while failing to address the underlying issues of infrastructure and congestion. This proposal, rather than solving problems, would create new ones and leave the community with long-term consequences.

1. Safety Concerns: A Recipe for Disaster

The safety risks associated with constructing a road between Spyglass Falls and Spyglass Hill are undeniable. The most pressing concern lies in the inherent dangers of the topography and layout of the area. Drivers traveling south down Knightsbridge Lane would be forced to navigate several winding curves while descending a steep slope. This combination of sharp turns, declines, and limited visibility makes it particularly difficult for drivers to see oncoming traffic, and the situation is exacerbated by the cars that are often parked on the street. In this already hazardous environment, adding another road would increase the potential for dangerous accidents.

Moreover, this new road would inevitably attract more vehicles to an area that was not designed to accommodate heavy traffic. The streets of Spyglass Hill (particularly Knightsbridge Lane and Deering Street) are narrow, winding, and originally built for local traffic, not for high-volume flows during morning and afternoon commuting hours. With more cars on the road, the likelihood of collisions, especially in an environment where visibility is already compromised, becomes alarmingly high. This is particularly concerning given the presence of pedestrians-especially children-who walk to school bus stops or play near the streets. What should be a peaceful residential area could quickly become a traffic nightmare, with speeders, distracted drivers, and frequent accidents becoming an all-too-common reality.

2. A Financial Burden: The High Costs of Construction and Maintenance

Beyond the immediate safety hazards, the financial burden of

constructing and maintaining a road in this area would be unwarranted. Once the road is constructed, the costs don't stop there. The new road would require ongoing maintenance to keep it functional, especially in such a challenging area. Repairing erosion, clearing debris, and repaving sections of the road would be a continuous, expensive task, potentially draining community resources for years to come. In fact, the long-term upkeep could eventually cost as much-or more-than the initial construction, with taxpayer dollars being diverted from other essential needs in the community.

Additionally, homeowners along the proposed route would likely see a significant decrease in the value of their properties. A high-traffic road cutting through what were once tranquil, residential neighborhoods would make these homes less desirable, resulting in a loss of property value. The residents of these homes should be compensated for this potential loss, further adding to the financial strain that the project would place on the community.

3. Short-Sightedness: Creating a New Bottleneck on Cumberland Road

Perhaps the most shortsighted aspect of this proposal is the failure to consider the existing infrastructure's limitations. While the new road may seem like a convenient shortcut, it would ultimately create a traffic nightmare. The proposed road would funnel more cars onto Cumberland Road, which is already struggling to handle the current traffic volumes. With no significant expansion or improvements to Cumberland Road itself, this additional influx of vehicles would create a serious bottleneck, leading to severe congestion, longer travel times, and delays for everyone.

This situation would particularly affect emergency services, whose response times would be significantly delayed by the added traffic. What was intended to be a solution for easier connectivity could quickly become a frustrating, inefficient detour, causing more harm than good. Instead of alleviating congestion, the new road would shift the problem, exacerbating the very issues it was supposed to solve. This demonstrates the lack of foresight in the proposal: rather than considering a holistic, long-term solution to infrastructure issues, the plan would merely displace problems, leaving the community with the same challenges but in a different location.

Conclusion: A Risky, Expensive, and Short-Sighted Proposal

The proposed road between Spyglass Falls and Spyglass Hill may

seem like a quick fix to a connectivity issue, but upon closer examination, it becomes clear that it is a dangerous, costly, and short-sighted decision. The safety risks posed by the road, the financial burden of construction and maintenance, and the failure to consider the impact on the already strained infrastructure all make this proposal a poor choice for the community. Instead of hastily building a road that would create more problems than it solves, we should prioritize thoughtful, sustainable planning that addresses both the needs of residents and the long-term well-being of the community. The goal should be to ensure safe, efficient, and responsible development that preserves the integrity of the Spyglass Falls and Spyglass Hills subdivisions and surrounding communities.

**Would you like to receive email
communications and updates
from the City of Fishers?** Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 10:54 am
Browser:	Safari 16.5 / OS X
IP Address:	206.246.131.208
Unique ID:	1309136533
Location:	40.0365, -86.1339

Name	Corinna Yu
Address	11323 Spyglass Ridge Drive Fishers, IN 46037
Email	corangey@gmail.com
Subdivision or business name	Spyglass Hills at the Legends of Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety Fishers Armed Services Commission
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane
Comment	I am highly opposed to a connection road from Laurel Falls to Knightsbridge Lane. There is extremely poor visibility in this area with hills and many children that play in the area and ride their bikes. Many people also use the sidewalk for skateboarding and jogging and may not be able to see or expect cars turning into the road that well. There is already a mechanism for emergency vehicles to exit under crisis with removable posts - which I have seen used in the past, so I don't understand why this is necessary. This potential road poses a danger to our community. As a physician anesthesiologist, I have seen too many preventable road accidents with tragic outcomes for children and adults alike. Please do not build this road!

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 11:01 am
Browser: Safari 16.5 / OS X
IP Address: 206.246.131.208
Unique ID: 1309139365
Location: 40.0365, -86.1339

Name	Edward Yu
Address	10503 Brixton Lane Fishers, IN 46037
Email	edyu87@gmail.com
Subdivision or business name	Spyglass Hills at the Legends of Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane
Comment	I do not want a connection road. It does not feel safe to me. As an elderly driver over 80 years old, I have intentionally chosen my route to exit my neighborhood to avoid traffic. Putting in this connection road will increase the traffic in the area and make me more uncomfortable driving. When I purchased my home in 2021, I specifically chose the location for the safe driving route to Cumberland from Deering Street. Please do not put in this road!

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 11:01 am
Browser: Safari 16.5 / OS X
IP Address: 206.246.131.208
Unique ID: 1309139403
Location: 40.0365, -86.1339

Name	Edward Yu
Address	10503 Brixton Lane Fishers, IN 46037
Email	edyu87@gmail.com
Subdivision or business name	Spyglass Hills at the Legends of Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane
Comment	I do not want a connection road. It does not feel safe to me. As an elderly driver over 80 years old, I have intentionally chosen my route to exit my neighborhood to avoid traffic. Putting in this connection road will increase the traffic in the area and make me more uncomfortable driving. When I purchased my home in 2021, I specifically chose the location for the safe driving route to Cumberland from Deering Street. Please do not put in this road!

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 11:02 am
Browser: Safari 16.5 / OS X
IP Address: 206.246.131.208
Unique ID: 1309139689
Location: 40.0365, -86.1339

Name	Edward Yu
Address	10503 Brixton Lane Fishers, IN 46037
Email	edyu87@gmail.com
Subdivision or business name	Spyglass Hills at the Legends of Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane
Comment	I do not want a connection road. It does not feel safe to me. As an elderly driver over 80 years old, I have intentionally chosen my route to exit my neighborhood to avoid traffic. Putting in this connection road will increase the traffic in the area and make me more uncomfortable driving. When I purchased my home in 2021, I specifically chose the location for the safe driving route to Cumberland from Deering Street. Please do not put in this road!

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 11:06 am
Browser: Safari 16.5 / OS X
IP Address: 206.246.131.208
Unique ID: 1309141639
Location: 40.0365, -86.1339

Name	Amy Yu
Address	10503 Brixton Lane Fishers, IN 46037
Email	amyyu2@gmail.com
Subdivision or business name	Spyglass Hills at the Legends of Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane
Comment	I am against building the connection road. It does not feel safe to me and I don't think the visibility is good for extra cars turning right and left into the street. It will increase traffic into our neighborhood and my grandchildren play outside a lot. Everyone in both neighborhoods bought their respective houses knowing the number of entries and exits into the neighborhood - it is not fair to change this!

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 12:04 pm
Browser: Chrome Mobile 131.0.6778.154 / iOS
IP Address: 152.117.79.119
Unique ID: 1309166067
Location: 39.9594, -86.0199

Name	Sara Hunley
Address	10327 Seagrave Dr Fishers, IN 46037
Email	sarahartphotography@gmail.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Zoning Appeals - Fishers City Council Plan Commission Meeting Redevelopment Authority Redevelopment Commission
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to Consider Connection Road from Laurel Falls to Knightsbridge Lane (Spyglass Falls/Spyglass Hills)
Comment	Opposing road connection.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 12:46 pm
Browser:	Chrome 131.0.0.0 / Windows
IP Address:	174.182.68.53
Unique ID:	1309184399
Location:	40.0993, -85.6848

Name	Thomas Becker
Address	11333 Spyglass Ridge Dr. Fishers, IN 46037
Email	Tbecker12@gmail.com
Subdivision or business name	Spyglass Hills
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Connection Road Between Spyglass Falls and Spyglass Hills

Comment

The connection to Knightsbridge Lane from Laurel Falls is at the top of significant hill and a curved Knightsbridge Lane road.

It is difficult enough to navigation the road with cars parked on both sides of the road going up and down that road. Adding additional traffic will only make the condition worse. Going north with cars parked at the bottom of the hill and because of the angle, a driver now cannot see if a car is coming down that hill, which is where the new traffic will begin. Then when you do see a car coming down, you will have to decide who has the right of way if cars are parked on the road as the road is not wide enough. It is like diving through an obstacle course only with the new connection, the traffic will much heavier.

To make this area safe with the connection, signs will need to be posted on both the upslope and the down slope that no parking is allowed on either side of the road. I doubt that the homeowners in that area would agree to that arrangement, or that it would be fair to them to have to put up with the inconvenience or the possibility of their car being damaged parked on the road.

It is not what the community or those homeowners were able to consider when they bought their homes. Plus, when they go to sell their home, their home values will be lower as new buyers will not want to put up with the traffic and potential accidents.

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 3:05 pm
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	149.19.60.27
Unique ID:	1309243702
Location:	35.2296, -80.843

Name	LORI PUCKETT
Address	11079 KNIGHTSBRIDGE LANE FISHERS IN 46037 Fishers, IN 46037
Email	lorialockhart@gmail.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Zoning Appeals - Fall Creek
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hills/Spyglass Falls Roadway Connection project
Comment	I would like to provide feedback for this project. We live one house down and across the street from this proposed roadway. With the blind hill and traffic already speeding through Knightsbridge, the increased traffic flow here will be very dangerous for my family. We have 3 children under 6 years old and as they grow and play outside, especially in our driveway, the influx of traffic around this corner is of major concern for us. We also have to cross here to get to our bus stop and with morning rush hour traffic coming through here, this terrifies me for our safety. I urge you to please seek an alternate solution for all the small children that live in this area and ride bikes, walk, and play in this area.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 3:31 pm
Browser: Chrome 131.0.0.0 / Windows
IP Address: 170.202.222.109
Unique ID: 1309254910
Location: 41.3959, -72.8968

Name	Maria Maley
Address	10204 Seagrave Drive Fishers, IN 46037
Email	mmaley@travelers.com
Subdivision or business name	Spyglass Hills
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Request to consider connection from Laurel Falls to Knightsbridge Lane (Spyglass Hills/Spyglass Falls)
Comment	I am a resident of Spyglass Hills and have been living in my present home since 1999 (prior to Spyglass Falls construction). I understand that the residents of Spyglass Falls have only 1 access to leave the addition; however the proposed solution to connect Laurel Falls to Knightsbridge is dangerous and detrimental to our community. The area has blind spots and is very dark at night. There are 4-5 homes (at the very least) that will see their property values decrease. The residents of Deering will need to have to deal with heavier traffic and the entire community will have to extended traffic delays turning left or right on Cumberland. I would prefer that our City choose one of the other options, even though it may be more expensive, since safety should come first.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 4:06 pm
Browser: Chrome 132.0.0.0 / Windows
IP Address: 174.182.70.10
Unique ID: 1309273607
Location: 40.0993, -85.6848

Name	Jason Harrison
Address	10751 Knightsbridge Ln FISHERS, IN 46037
Email	jghchiro@aol.com
Subdivision or business name	464177209
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Connection passageway between Laurel Falls to Knightsbridge
Comment	Opposed. Don't want additional traffic through our neighborhood...50, 100, 200+ vehicles/day? Kid safety???...riding bikes, skateboards, going for a walk, roller blades, etc...Who wants more traffic and exhaust? Not a win/win scenario. Just because it's the least expensive...doesn't mean it's the best choice. Talking cost...2 right turns out of their neighborhood into ours & 2 minutes later...at the exact same spot where the proposed connection would be (OR) they could turn left if there's clearance upon attempting to exit onto 116th...this would cut down traffic and give them options. If they don't drive over there and just use our neighborhood....they'll never know. Potential traffic that could/needed to be avoid through our neighborhood. Our streets are 6' less in width vs SpyGlass Falls and Deering has lots of parked cars in the street. This will not help the zigzagging that's already happening, especially, but not just during peak hours.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 4:38 pm
Browser:	Safari 17.8.1 / OS X
IP Address:	76.219.158.175
Unique ID:	1309287104
Location:	39.9714, -86.1295

Name	Mary Pape-Orlowski
Address	9933 Deering Street Fishers, IN 46037
Email	marypo56@sbcglobal.net
Subdivision or business name	Spyglass Hills
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Road connection from Laurel Falls to Knightsbridge Lane (Spyglass Falls/Spyglass Hills)
Comment	The real issue is the failure to enforce speed limit of 40mph on 116th Street. Speeding is rampant from Cumberland Road to Hoosier Road due to an absence of traffic lights. Instead of addressing the crux of the problem, the City proposes to add more traffic through Spyglass Hills increasing the risk for families, especially those with small children and further congest already narrow streets. We have seen the negative effects of this in the past when the emergency access road already in place was opened due to a gas line break closing 116th Street. The solution is to enforce the speed limit and install a TRAFFIC LIGHT at the entrance to Spyglass Falls. It is fundamentally unfair to ask the residents of Spyglass Hills to bear the brunt of this problem, especially when Spyglass s Falls originally had an entrance/exit point onto Cumberland Road during construction of the subdivision. We urge the City to address the real problem rather than shifting the burden and safety issues to Spyglass Hills.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 6:03 pm
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	69.174.135.234
Unique ID:	1309317269
Location:	39.9594, -86.0199

Name	Barbara Beaven
Address	11135 Harriston Dr Fishers, IN 46037
Email	barbeaven@comcast.net
Subdivision or business name	Vice President, Legends at Geist HOA which encompasses Spyglass Hill subdivision
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hill/Spyglass Falls Roadway Connection
Comment	Our HOA Board as well as most if not all of Spyglass Hill Subdivision is opposed to this project. What the City is doing is helping one subdivision that has a problem and making it a huge problem for the residents of Spyglass Hill. While I empathize with the Spyglass Falls residents, Spyglass Hill residents have the same issue with trying to get out onto 116th St, especially when making a left hand turn. Our Board and many residents feel that the answer should be putting a stop light at the 116th St and Spyglass Ridge Rd intersection. That would help 3 neighborhoods; Spyglass Falls, Spyglass Hill and Archer Farms which is on the Northside of 116th St. Also, making Spyglass Falls a right turn only onto 116th St and then make a U-turn at the new light. That is what the members of the St. George church have to do when traveling east on 116th St. Also, it is very disappointing that the meeting isn't opened to public comment as we were told that it would be. This is not transparent at all not to know the reason for the change.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 6:28 pm
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	68.54.125.204
Unique ID:	1309324573
Location:	39.0909, -84.85

Name	Victoria Troutman
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Address	10814 Knightsbridge Lane Fishers, IN 46037
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Email	victoriatroutman@gmail.com
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Subdivision or business name	Spyglass Hill
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Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
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Meeting Date	Jan 28, 2025
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Project Name/Resolution Number	Spyglass Falls road to Spyglass Hill
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Comment	There is already enough traffic on Deering street and people park on both sides of the street. It is especially bad in the summer when residents have contractors and landscapers doing work. You have to be very cautious to not meet someone head on. Also, at rush hours it can take several minutes to turn left out of the complex onto Cumberland Road. This will make a bad situation even worse! I oppose the addition of a connector road between Spyglass Falls and Spyglass Hill?
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Would you like to receive email communications and updates from the City of Fishers?	Yes
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Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 6:45 pm
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	104.28.103.206
Unique ID:	1309329301
Location:	37.751, -97.822

Name	Laura Lambert
Address	10079 Kingston Ct Fishers, IN 46037
Email	lauraalambert@gmail.com
Subdivision or business name	Spyglass hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Spyglasses Falls connection
Comment	As a Spyglass Hill resident who resides in the culdesac at the bottom of the hill off Knightsbridge Lane, I strongly oppose the connection between Spyglass Hill and Spyglass Falls. Those of us who must exit Kingston already face challenges avoiding oncoming traffic from the left of the culdesac. It is very difficult to see oncoming traffic around the curve. Adding additional cars to Knightsbridge will make this even more dangerous for us. Furthermore, when our street is snow covered and one of the last to be plowed, we face treacherous conditions when trying to stop without sliding onto Knightsbridge and into the path of oncoming traffic.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 7:01 pm
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	174.219.222.210
Unique ID:	1309333325
Location:	39.847, -85.9719

Name	Joe Cox
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Address	11316 Reflection Point Dr Fishers, IN 46037
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Email	joecox2012@gmail.com
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Subdivision or business name	Spyglass Hills
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Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
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Meeting Date	Jan 28, 2025
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Project Name/Resolution Number	Spyglass Falls - Spyglass Hills pass through
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Comment	While I appreciate it hasn't gotten any easier for the residents of Spyglass Falls to exit their community since this was studied several years ago, the proposed location of the pass through hasn't changed. That is still a blind curve at the apex of a hill and is already dangerous for automobile traffic and pedestrians. Additional traffic pressure will only exacerbate the problem and increase the likelihood of personal injury and property damage. I believe other solutions should be explored & studied to resolve the issue of not being able to exit not only Spyglass Falls but many subdivisions along 116th Street.
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Would you like to receive email communications and updates from the City of Fishers?	Yes
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Form Name: Public Meeting Comment Form
Submission Time: January 27, 2025 7:26 pm
Browser: Chrome 132.0.0.0 / Windows
IP Address: 68.39.133.58
Unique ID: 1309339481
Location: 39.711, -86.2591

Name	Edward Galan
Address	10633 Brixton Lane Fishers, IN 46037
Email	ed.galan@comcast.net
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety Board of Zoning Appeals - Fall Creek Board of Zoning Appeals - Fishers City Council
Meeting Date	Jan 28, 2024
Project Name/Resolution Number	Spyglass Hill/Falls Cut Through
Comment	Why has the city not taken a survey of the residence of Spyglass Hill as to if they want or do not want a cut through into their area?
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 7:48 pm
Browser:	Safari 17.5 / OS X
IP Address:	72.105.174.199
Unique ID:	1309344366
Location:	39.772, -86.157

Name	Edward Gilligan
Address	10873 Brixton Lane Fishers, IN 46037
Email	edgilligan0501@gmail.com
Subdivision or business name	Spyglass Hills
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hills/Falls connector
Comment	I am a resident of Spyglass Hills. The city is considering building a connector between Spyglass Hills and Falls. The intent is to give residents of Spyglass Falls access to the exits in Spyglass Hills. I am asking for additional studies to determine the effects on the Spyglass Hills neighborhood. This would greatly increase the auto traffic in our neighborhood, and cause congestion at already crowded exits. It would also possibly cause safety concerns, as this is a blind intersection and cars and pedestrians in the neighborhood. Thank you for your consideration
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 27, 2025 7:48 pm
Browser:	Chrome Mobile 131.0.0.0 / Android
IP Address:	68.39.135.142
Unique ID:	1309344497
Location:	39.711, -86.2591

Name	Janis HINCHCLIFF
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Address	11018 Knightsbridge Lane Fishers, IN 46037
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Email	jan.hinchcliff@gmail.com
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Subdivision or business name	Spyglass Hills
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Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
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Meeting Date	Jan 28, 2025
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Project Name/Resolution Number	Spyglass Falls cut through onto Knightsbridge Lane , Spyglass Hills
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Comment	I strongly OPPOSE establishing a cut from Spyglass Falls into the Spyglass Hills neighborhood. Extreme safety issue to our children, neighbors, property. Major negative effect on property values. Narrow streets throughout the development and many cars parked in the street due to growing families with children now of driving age. Has city of Fisher's assessed the liability cost/negative backlash for such potential/likely injuries, loss of life, property devaluation? Another solution for Spyglass Falls must be found. Thank you for your thoughtful consideration. Jan Hinchcliff
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Would you like to receive email communications and updates from the City of Fishers?	Yes
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Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 7:41 am
Browser:	Firefox 134.0 / Windows
IP Address:	149.154.20.121
Unique ID:	1309437609
Location:	39.9564, -85.9651

Name	Toni Blackwelder
Address	10874 Brixton Lane Fishers, IN 46037
Email	tblackwelder@sbcglobal.net
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hill/Falls Cut Through
Comment	We hope for a safe solution for both Spyglass Hill and our friends in Spyglass Falls. Having lived in Spyglass Hill for 20+ years, I ask that you consider the dangers of the intersection at Knightsbridge and Laurel Falls. This is a blind curve and hilltop, and I have had many, many close calls with head-on collisions here over the years. Cars are parked on both sides of the street, so motorists/bicyclists are forced into the oncoming lane while having no way to see ahead. There are many pedestrians, bicyclists, and children around this intersection. The right-turn only option from Laurel Falls would be safer than the 2-way option, but would not eliminate the risk. If one of these options is implemented, please consider a speed bump or three-way stop to reduce the risk of an accident. Thank you.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 8:00 am
Browser:	Firefox 135.0 / Windows
IP Address:	149.154.20.73
Unique ID:	1309441114
Location:	39.9564, -85.9651

Name	Tim Miller
Address	11121 Ragsdale Pl Fishers, IN 46037
Email	boilertim@gmail.com
Subdivision or business name	Spyglass Falls
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hills/Spyglass Falls Roadway Connection

Comment

Hello,

I had a few questions about the Spyglass Hills/Spyglass Falls Roadway Connection project.

1. During the webinar, it was shared how the traffic volumes for a signal at 116th/Klotz Farm and/or 116th / Spyglass Ridge do not meet the warrant for signals at those locations. Was accidents one of the additional warrants listed? It was not discussed in any detail. If that is indeed a consideration, does the number of accidents at 116th / Klotz Farm not meet that warrant? What are the details of that warrant?

2. When determining site lines for the intersection at 116th and Klotz Farm Blvd. (and also the potential intersection at Knightsbridge Lane and Laurel Falls Lane) what sort of margin is allowed for traffic speed. From personal experience exiting onto 116th Street, when traffic is moving at the posted speed limit, it is far easier to exit the neighborhood than when individual cars are moving at 50 mph (or higher). At what speed do the site lines become insufficient? I'd also like to know that for Knightsbridge Lane / Laurel Falls Ln.

3. At the previous webinar, trend data for property values in Spyglass Hills were presented and it was stated that the trend lines were similar over the past years whether a property was generally in the neighborhood vs. being on a connector street (to Stonebridge neighborhood, for example). If I'm not mistaken though, the connector street values were lower than the general neighborhood values. All other things being equal, does this indicate that adding a connector street could have a negative impact on those immediate surrounding lots?

4. On rare occasions, the intersection at 116th St / Klotz Farm has been completely shut down. This has happened for accidents or utility emergencies, for example. In that case, could the city make provision to have temporary two-way traffic at the proposed one-way exit from Laurel Falls Ln to Knightsbridge Ln?

5. I'm curious about the high cost of the roundabout options as shared when compared to the cost of the connections to Cumberland. What are the main factors in that disparity in cost? I'm not advocating for roundabouts (the potential disruption to flow on 116th St. seems pretty undesirable). It was just surprising that they were far more expensive. I expected the connection to be the higher expense.

Thank you for the ongoing conversation about this topic. I know there are a lot of factors that go into a decision like this and I

appreciate the commitment to do something to improve the current state of things.

-Tim

Form Name: Public Meeting Comment Form
Submission Time: January 28, 2025 8:04 am
Browser: Chrome Mobile 132.0.6834.100 / iOS
IP Address: 174.194.0.2
Unique ID: 1309442183
Location: 38.3078, -85.7359

Name	Jake Marsh
Address	9881 Cascades Ct Fishers, IN 46037
Email	jlmars@alumni.iu.edu
Subdivision or business name	Spyglass Falls
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Falls/Hills Connection
Comment	Providing my support for adding in a road to connect Spyglass Falls to Spyglass Hills as it's currently a challenge to exit Spyglass Falls onto 116th during peak traffic hours. Having another egress point would be very beneficial for the neighborhood. Given that there is currently already a sidewalk/path connecting the Spyglass Falls and Hills neighborhoods, I think this option makes the most sense as it would be the easiest and cheapest of the presented options since the city would simply need to expand the path to accommodate cars.

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 8:26 am
Browser:	Chrome 131.0.0.0 / Windows
IP Address:	152.117.79.118
Unique ID:	1309447376
Location:	39.9594, -86.0199

Name	Jana Hancock
Address	10224 Valley Ridge Cir Fishers, IN 46037
Email	jana.hancock31@gmail.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Connection Road from Laurel Falls to Knightsbridge Lane

Comment

On behalf of the Legends at Geist HOA, which includes Spyglass Hill, we feel that this presentation today is missing key studies that show the impact this would have on Spyglass Hill. We would like to request the following studies be completed ahead of the vote on this project so that the PW&S Board can be as educated as possible to make their decision:

A study of the volume of vehicles and wait time at Cumberland and Deering to be able to understand the current egress issues we have of our own and how the cut through would potentially compound this problem.

A speed study done on Knightsbridge and Deering ahead of the project being passed so that the board can understand the safety issues that do not show up on crash reports but already leads to safety concerns that already exist in our neighborhood.

We would like to ask that the city include the alternative of moving the Klotz Farm entrance further east on 116th so the line of sight is no longer an issue, which was not explored in the possible options being presented today.

Nowhere in this presentation does it say that the city has tried to time the lights better at Cumberland and Hoosier to allow for better spacing, which was included in the recommendation letter from A+F. Could that be done before we make this permanent change within our neighborhood?

We would like to ask that the Board continue to monitor this issue like they have been for the last 10 years for one additional year until we have the road impact fee data that will be released in 2026, which would also allow the opening of the new community center, and the Fishers event center events to be included in the data, so we can see the impact this may have on the further exploration of other solutions besides this one.

Form Name: Public Meeting Comment Form
Submission Time: January 28, 2025 10:01 am
Browser: Chrome Mobile 132.0.6834.100 / iOS
IP Address: 99.49.60.227
Unique ID: 1309476205
Location: 39.9594, -86.0199

Name	Jake Marsh
Address	9881 Cascades Ct Fishers, IN 46037
Email	jlmars@alumni.iu.edu
Subdivision or business name	Spyglass Falls
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Falls/Hills Connection
Comment	Providing my support for adding in a road to connect Spyglass Falls to Spyglass Hills as it's currently a challenge to exit Spyglass Falls onto 116th during peak traffic hours. Having another egress point would be very beneficial for the neighborhood. Given that there is currently already a sidewalk/path connecting the Spyglass Falls and Hills neighborhoods, I think this option makes the most sense as it would be the easiest and cheapest of the presented options since the city would simply need to expand the path to accommodate cars.

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 10:30 am
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	76.139.102.122
Unique ID:	1309487164
Location:	39.903, -86.0636

Name	Deb Slough
Address	11136 Laurel Falls Lane Fishers, IN 46037
Email	djsslough@comcast.net
Subdivision or business name	Spyglass Falls
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Connection road from Laurel Falls to Knightsbridge Lane
Comment	I would like to see data on a speed study for 116th St between Cumberland and Hoosier. I would also like to better understand how the traffic lights at 116th/Cumberland and 116th St. /Hoosier Rd are synced. These are potential root causes to the current neighborhood exit issue. I feel that the connector road will not address the true root cause and only shift the exit issues to another street. Has there been any consideration to bring back the right turn lane into Spyglass Falls going east? At one point we had this lane and it did help in exiting the neighborhood.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 10:33 am
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	76.139.19.67
Unique ID:	1309488580
Location:	39.9564, -85.9651

Name	Jeffrey Duermit
Address	10691 Becketts Court Fishers, IN 46037
Email	indyjed@comcast.net
Subdivision or business name	Legends at Geist
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 29, 2025
Project Name/Resolution Number	Spyglass Hills/Falls Cut through
Comment	The picture you used to show traffic patterns in the neighborhood was very deceptive. You showed the view of Knightsbridge going downhill when you need to show both points of view to understand the huge blind spot and potential for accidents. In addition, you do not take into account the major increase in traffic and the danger to children playing in this area. Every driver that comes around this proposed cut through worries about head on collisions with oncoming traffic everyday.you CANNOT see around the bend. Does even ONE CHILD being in danger make it worth the cost of the drivers Spyglass Falls having to turn right from their current entrance? They can turn right and come through our neighborhood now....that costs them an extra 1-2 minutes, but instead you want to endanger lives, decrease house prices and do what government ALWAYS does....whatever they want.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 11:10 am
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	68.57.232.44
Unique ID:	1309503352
Location:	40.0623, -86.0585

Name	Kristina Gregory
Address	11089 Knightsbridge Lane Fishers , IN 46037
Email	kgregory4@sbcglobal.net
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Connection Road from Laurel Falls to Knightsbridge Lane
Comment	The entire presentation was unfairly one sided with no regard to Spyglass Hill and the impact & how it will drastically change our neighborhood. The deminished value to homeowners that live in the court and across the street on Knightsbridge Lane plus the tiny roads we already have placing a lot more traffic, safety issues at a top of a Hill with blind curves, pedestrian safety, the effect of unforeseen new intersections as well as shifting their problems to the left turn onto Cumberland Road. If something must be done place a light signal in the front of the neighborhood which will slow traffic down on 116th. This is the only win/win solution with minimal cost. There are lots of people in both neighborhoods against this connecting road. Please don't create more safety issues and traffic into Spyglass Hill as we already have Stonebridge cutting through now. Adding Spyglass Falls to the traffic is unfair. We were meant to be a quiet neighborhood not a busy, noisy road like 116th Street. I personally ask that you do the right thing and just put a traffic control light at the front of Klotz Farm and 116th street if something needs to be done. Thank you.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 11:13 am
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	68.57.232.44
Unique ID:	1309504534
Location:	40.0623, -86.0585

Name	Stuart Gregory
Address	11089 Knightsbridge Lane Fishers, IN 46037
Email	stuartgregory94@gmail.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Connection Road from Laurel Falls (Spyglass Falls) to Knightsbridge Lane (Spyglass Hill)

Comment

The road connector proposal should not go through. It brings partial relief at best (an alternative exit for 10-15 Spyglass Falls cars per hour at peak) to a single neighborhood that the data fails to show has as a significant issue for either crash frequency (an absolute crash frequency of 1.5 crashes per year that has remained below the MUTCD standards for an unsafe intersection across the last 15 years) or traffic flow ("not excessive" according to an A&F Engineering report). The road connection proposal completely ignores the values and perspective of residents of Spyglass Hills (and those proximal the location in Spyglass Falls). We stand to reap no benefit, but rather shoulder all the downsides (safety, declining property values, quality of life, destruction of a greenspace, etc) associated with increased traffic, noise, lights that will never go away. Should the city instead choose to interpret the current situation as unacceptable and needing action, I would ask for consideration of alternatives that are more impactful (a greater amount of safety improvement) for more residents (more than just the small subset of Spyglass Falls). A new traffic light on 116th would meet all the criteria: 1) Improve safety more durably in a way the doesn't unjustly disrupt by standing neighborhoods 2) improve safety for many more residents (not just Spyglass Falls) all along 116th street 3) continue to advance the Cities' long range goals to better manage traffic on 116th street 4) do so in a cost-effective manner that doesn't have the complexity of land acquisition and/or relation expenses 5) avoids complex environment impact concerns (from Sand Creek).

Would you like to receive email communications and updates from the City of Fishers?

Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 28, 2025 11:33 am
Browser:	Chrome 131.0.0.0 / Windows
IP Address:	76.139.18.211
Unique ID:	1309512653
Location:	39.9564, -85.9651

Name	Don Cady
Address	11099 Knightsbridge Lane Fishers, IN 46037
Email	donalddcady@gmail.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Connection Road Spyglass Falls to Spyglass Hill

Comment

Considering the presentation this morning, I still want to express my opposition to this proposed project. In particular, if the primary concern is the number of crashes on 116th out of Spyglass Falls (which I agree one is too many), then make an exception and utilize Warrant 7 - Crash Experience. In comparison, the 31 crashes does stand out to the other neighborhoods, however, on an annual basis the average number of crashes remains nearly the same year-to-year or possibly slightly less than the stated standards. That said, make an exception and place a traffic light at this entrance rather than disrupt an adjoining neighborhood. If the Warrant 7 requirement isn't met and an exception can't be made, then how can crashes be the primary reason for recommending this change?

Two other concerns I have are the reported home values for Knightsbridge Lane around the construction site. The house to the north on the west side of Knightsbridge just sold for approximately \$550K. Further, I pulled Zillow values (as used in the report) for all homes on Knightsbridge Lane from Deering north including nine houses past the proposed construction site. The median value of these homes is \$498K with the low being \$407K and the high \$559K. These values are significantly higher than the reported approximately \$400-450K.

Secondly, I have real concerns about the negative unintended consequences of this recommendation. While much study has gone into obtaining data and analytics for Spyglass Falls, little has been done to provide for the real impact to Spyglass Hill, other than the estimated 10-15 peak hour usage, which I question. If only 10-15 peak hour or 40-50 daily usage is estimated (out of 230+ homes), how can this justify the cost of the project? Also, if there is more traffic than estimated, it only exasperates the concern of busier streets, increased safety concerns, accidents, and further disruption to our peaceful neighborhood.

Finally, I live across the street from the proposed construction site and face the daily challenges of exiting my own driveway. Adding a third point of traffic along with unsightly signs and loss of street parking will most definitely impact my property value. For very little more funding, please consider doing whatever is necessary to override city or state requirements to place a traffic light at Spyglass Farm so neighbors can more conveniently and safely exit their neighborhood. Do not make the solution to their problem an added burden and problem for Spyglass Hill. Thank you!

**Would you like to receive email
communications and updates
from the City of Fishers?** Yes

Form Name: Public Meeting Comment Form
Submission Time: January 28, 2025 1:00 pm
Browser: Mobile Safari 18.2 / iOS
IP Address: 68.39.18.201
Unique ID: 1309549328
Location: 39.9564, -85.9651

Name	Jane Crouse
Address	11300 Knightsbridge Lane Fishers, IN 46037
Email	jane.b.ahm@comcast.net
Subdivision or business name	Spyglass Hills
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Hills/Falls Cut Through
Comment	I am VERY opposed to the cut through road into Spyglass Hills option as it will increase traffic density, accidents from the blind curve on Knightsbridge Lane, and solve one neighborhood's understandable problem by creating one for our neighborhood. We built our house in 1993 so I well remember this same proposed option in 2015, and I am still against it for the same reasons listed above. I do not feel that the engineering firm's charts, studies, and recommendations explain adequately why the option of egress onto Cumberland is off the table for only cost or environmental factors which could be mitigated even if not ideal leaving all sides happy. Please explain better why the 2 Cumberland Road options were not considered apart from cost.

Form Name: Public Meeting Comment Form
Submission Time: January 28, 2025 8:03 pm
Browser: Chrome 132.0.0.0 / Windows
IP Address: 74.94.124.201
Unique ID: 1309714039
Location: 41.8783, -87.6907

Name	Shawn Strange
Address	10233 Brixton Ln Fishers, IN 46278
Email	sstrange@firstgroupengineering.com
Subdivision or business name	Spyglass Hill
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety Town Hall Building Corporation
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Falls Connector Rd to Spyglass Hill
Comment	I did see one issue with the presentation. You didn't recommend a 3-way stop where the connector meets Knightsbridge. Your intersection sight distance exhibit left out parked cars. In the evenings and on the weekends, that location ends up with several parked cars, which makes driving through that location slow. The two accidents in your report are probably caused by people going too fast with parked cars in the way - which will be compounded by adding this new approach. There usually aren't any parked cars during the day when you were there (shown in your site pictures) - but that changes in the evening and weekends. I can probably get you pictures of what that area looks like when people park there if you need them. If the City doesn't make that a 3-way stop, you'll need to prohibit parking up and down that hill on the west side. I marked up the intersection sight distance sent in an email to the City Engineer, which shows where parked cars will interfere with sight distance. I would rather see a 3-way stop here, but if that's not an option, the City needs to prohibit parking on the west side up to 300 ft each direction, or else people will be turning from Spyglass Falls looking at parked cars in their line of sight.

**Would you like to receive email
communications and updates
from the City of Fishers?** Yes

I hereby certify that each of the above listed vouchers and the invoices, or bills
attached there to, are true and correct and I have audited same in accordance with
IC 5-11-10-1.6.

January 28, 2025

Fiscal Officer

ALLOWANCE OF ACCOUNTS PAYABLE VOUCHERS

CITY OF FISHERS

We have examined the Accounts Payable Vouchers listed on the foregoing Register of Accounts Payable Vouchers consisting of 158 pages and except for accounts payables not allowed as shown on the Register such accounts payables are hereby allowed in the total amount of \$9,344,107.21.

Dated this 28th day of January 2025.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures of Governing Board

A/P CASH DISBURSEMENTS JOURNAL Dec 24 MetLife

CASH ACCOUNT: 99900000 10102			FIB Payroll Account						
CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
123124	01/08/2025	MANL	231 Metropolitan Life In	100009	123124	12/31/2024			35,398.19
				35,398.19	80600000 29008	Elective Benefits			
CHECK 123124 TOTAL:									35,398.19
NUMBER OF CHECKS 1 *** CASH ACCOUNT TOTAL ***									35,398.19
						COUNT	AMOUNT		
TOTAL MANUAL CHECKS						1	35,398.19		
*** GRAND TOTAL ***									35,398.19

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75471	01/03/2025	EFT	1574 Citizens Energy Group	99513 884.40	2739310000 60601013 43100	12/19/2024 Professional Services		1325EP	884.40
						CHECK	75471	TOTAL:	884.40
75472	01/03/2025	EFT	2664 Exelon Corporation	99532 2.21	4208027 60609014 43500	12/27/2024 Utility Services	22400008	1325EP	2.21
				99535 1,168.23	4208030 60609014 43500	12/27/2024 Utility Services	22400079	1325EP	4,763.71
				3,595.48	10109012 43100	Professional Services			
						CHECK	75472	TOTAL:	4,765.92
75473	01/03/2025	EFT	2470 OnPoint Hub & Spoke	99528 793.95	2024 CAM Rec 10101011 43100	12/23/2024 Professional Services		1325EP	793.95
						CHECK	75473	TOTAL:	793.95
75474	01/03/2025	EFT	2817 Sprout Social Inc	99606 18,965.40	INV-67936 10101012 43100	12/10/2024 Professional Services	22401165	1325EP	37,930.80
				18,965.40	60601012 43100	Professional Services			
						CHECK	75474	TOTAL:	37,930.80
75475	01/03/2025	EFT	2707 TouchPhrase Developm	99605 18,501.05	24-1117 10101012 43100	11/14/2024 Professional Services	22500005	1325EP	18,501.05
						CHECK	75475	TOTAL:	18,501.05
75476	01/03/2025	PRTD	5095 Ashwood Homeowners A	99615 31,000.00	P7-131st & Howe 20204010 44200	12/18/2024 Infrastructure	22401297	1325EP	36,336.69
				5,336.69	27084010 44200	Infrastructure			
						CHECK	75476	TOTAL:	36,336.69
75477	01/03/2025	PRTD	364 Cinergy Corp	99625 999.00	910123089599 10109012 43100	12/19/2024 Professional Services		1325EP	999.00
						CHECK	75477	TOTAL:	999.00
75478	01/03/2025	PRTD	1417 Hamilton County Reco	99518 2,825.00	1225LiensR 60601013 43100	01/01/2025 Professional Services		1325EP	2,825.00

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

						CHECK	75478	TOTAL:	2,825.00
75479	01/03/2025	PRTD	1753 Indianapolis Power &	99626 200000127722 999.00 10109012 43100		01/02/2025 Professional Services		1325EP	999.00
						CHECK	75479	TOTAL:	999.00
75480	01/03/2025	PRTD	1753 Indianapolis Power &	99627 200000052973 999.00 10109012 43100		12/06/2024 Professional Services		1325EP	999.00
						CHECK	75480	TOTAL:	999.00
75481	01/03/2025	PRTD	1753 Indianapolis Power &	99628 200000179593 999.00 10109012 43100		12/06/2024 Professional Services		1325EP	999.00
						CHECK	75481	TOTAL:	999.00
75482	01/03/2025	PRTD	1753 Indianapolis Power &	99629 200000031599 999.00 10109012 43100		12/06/2024 Professional Services		1325EP	999.00
						CHECK	75482	TOTAL:	999.00

NUMBER OF CHECKS 12

*** CASH ACCOUNT TOTAL *** 107,032.81

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	7	44,156.69
TOTAL EFT'S	5	62,876.12

*** GRAND TOTAL *** 107,032.81

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10103				FIB Health/Flex Account						
CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET	
280	01/07/2025	EFT	3097 Southeastern Indiana	99694	1743980CTYFIS	01/03/2025		1725H	37,498.17	
				37,498.17	70400000 43100	Professional Services				
				99696	HOD123024	12/30/2024		1725H	323.76	
				323.76	70400000 43100	Professional Services				
				99771	0000057634	01/01/2025		1725H	808,389.41	
				808,389.41	70400000 43100	Professional Services				
						CHECK		280 TOTAL:	846,211.34	
281	01/07/2025	EFT	1315 Tx: Team Rehab Inc	99695	1900	12/31/2024		1725H	10,900.00	
				10,900.00	70400000 43100	Professional Services				
						CHECK		281 TOTAL:	10,900.00	
						NUMBER OF CHECKS	2	*** CASH ACCOUNT TOTAL ***	857,111.34	
						TOTAL EFT'S	COUNT	AMOUNT		
							2	857,111.34		
								*** GRAND TOTAL ***	857,111.34	

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75483	01/07/2025	EFT	700 AT&T Mobility	II, L	99828	287299683950x121924	12/11/2024	22400896	1725EP	312.40
					312.40	10106050 43100	Professional Services			
							CHECK	75483	TOTAL:	312.40
75484	01/07/2025	EFT	700 AT&T Mobility	II, L	99829	287282927199x122024	12/12/2024	22400896	1725EP	172.72
					172.72	10106050 43100	Professional Services			
							CHECK	75484	TOTAL:	172.72
75485	01/07/2025	EFT	700 AT&T Mobility	II, L	99830	287283895228x121524	12/07/2024	22400896	1725EP	3,165.59
					3,165.59	10106050 43100	Professional Services			
							CHECK	75485	TOTAL:	3,165.59
75486	01/07/2025	EFT	700 AT&T Mobility	II, L	99833	287282942898x122024	12/12/2024	22400896	1725EP	219.95
					219.95	10106050 43100	Professional Services			
							CHECK	75486	TOTAL:	219.95
75487	01/07/2025	EFT	700 AT&T Mobility	II, L	99834	287282745434x122024	12/12/2024	22400896	1725EP	231.20
					231.20	10106050 43100	Professional Services			
							CHECK	75487	TOTAL:	231.20
75488	01/07/2025	EFT	700 AT&T Mobility	II, L	99835	287288211554x121924	12/11/2024	22400896	1725EP	6,531.68
					6,531.68	10106050 43100	Professional Services			
							CHECK	75488	TOTAL:	6,531.68
75489	01/07/2025	EFT	700 AT&T Mobility	II, L	99836	287286291889x121924	12/11/2024	22400887	1725EP	3,998.90
					3,998.90	62606050 43100	Professional Services			
							CHECK	75489	TOTAL:	3,998.90
75490	01/07/2025	EFT	621 Best way of Indiana		99772	022770	01/02/2025	22400631	1725EP	494.96
					494.96	62609014 43151	Sludge Removal			
					99774	022760	01/02/2025	22400078	1725EP	57,135.48
					57,135.48	60609014 43151	Sludge Removal			
							CHECK	75490	TOTAL:	57,630.44

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

75491	01/07/2025	EFT	3354 Burgess & Niple Inc	99619 100,455.28	1171245	11/22/2024	1725EP	100,455.28
				E 10324001 .TRAILS.LANTER. 10101013 44920 Capital Expenses				
						CHECK	75491 TOTAL:	100,455.28
75492	01/07/2025	EFT	996 Carrier & Gable Inc	99618 15,900.00	IN43035	11/18/2024	1725EP	15,900.00
				E 10324001 .TRAILS.LANTER. 10101013 44920 Capital Expenses				
						CHECK	75492 TOTAL:	15,900.00
75493	01/07/2025	EFT	1574 Citizens Energy Grou	99538 999.00	8527430000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75493 TOTAL:	999.00
75494	01/07/2025	EFT	1574 Citizens Energy Grou	99539 999.00	0255770000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75494 TOTAL:	999.00
75495	01/07/2025	EFT	1574 Citizens Energy Grou	99540 999.00	2161520000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75495 TOTAL:	999.00
75496	01/07/2025	EFT	1574 Citizens Energy Grou	99541 999.00	1464550000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75496 TOTAL:	999.00
75497	01/07/2025	EFT	1574 Citizens Energy Grou	99542 999.00	1565400000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75497 TOTAL:	999.00
75498	01/07/2025	EFT	1574 Citizens Energy Grou	99543 999.00	5308530000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

								CHECK	75498	TOTAL:	999.00
75499	01/07/2025	EFT	1574	Citizens Energy Grou	99549	3526030000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75499	TOTAL:	999.00
75500	01/07/2025	EFT	1574	Citizens Energy Grou	99551	4077910000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75500	TOTAL:	999.00
75501	01/07/2025	EFT	1574	Citizens Energy Grou	99555	6153710000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75501	TOTAL:	999.00
75502	01/07/2025	EFT	1574	Citizens Energy Grou	99557	1582670000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75502	TOTAL:	999.00
75503	01/07/2025	EFT	1574	Citizens Energy Grou	99560	1316340000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75503	TOTAL:	999.00
75504	01/07/2025	EFT	1574	Citizens Energy Grou	99562	9005460000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75504	TOTAL:	999.00
75505	01/07/2025	EFT	1574	Citizens Energy Grou	99567	0533900000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75505	TOTAL:	999.00
75506	01/07/2025	EFT	1574	Citizens Energy Grou	99570	4935520000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75506	TOTAL:	999.00

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

75507	01/07/2025	EFT	1574 Citizens Energy Grou	99583 999.00	3571540000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75507 TOTAL:	999.00
75508	01/07/2025	EFT	1574 Citizens Energy Grou	99587 999.00	6963440000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75508 TOTAL:	999.00
75509	01/07/2025	EFT	1574 Citizens Energy Grou	99591 999.00	8489250000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75509 TOTAL:	999.00
75510	01/07/2025	EFT	1574 Citizens Energy Grou	99632 999.00	6247377846 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75510 TOTAL:	999.00
75511	01/07/2025	EFT	1574 Citizens Energy Grou	99633 999.00	7220634092 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75511 TOTAL:	999.00
75512	01/07/2025	EFT	1574 Citizens Energy Grou	99634 999.00	2136460000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75512 TOTAL:	999.00
75513	01/07/2025	EFT	1574 Citizens Energy Grou	99635 999.00	1215988185 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75513 TOTAL:	999.00
75514	01/07/2025	EFT	1574 Citizens Energy Grou	99637 999.00	9136330000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75514 TOTAL:	999.00
75515	01/07/2025	EFT	1574 Citizens Energy Grou	99636 999.00	7293625305 10109012 43100	12/19/2024 Professional Services	1725EP	999.00

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

								CHECK	75515	TOTAL:	999.00
75516	01/07/2025	EFT	1574	Citizens Energy Grou	99638	6851140000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75516	TOTAL:	999.00
75517	01/07/2025	EFT	1574	Citizens Energy Grou	99639	2347021382		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75517	TOTAL:	999.00
75518	01/07/2025	EFT	1574	Citizens Energy Grou	99640	4942450000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75518	TOTAL:	999.00
75519	01/07/2025	EFT	1574	Citizens Energy Grou	99642	1666060000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75519	TOTAL:	999.00
75520	01/07/2025	EFT	1574	Citizens Energy Grou	99641	4531792434		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75520	TOTAL:	999.00
75521	01/07/2025	EFT	1574	Citizens Energy Grou	99643	5674440000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75521	TOTAL:	999.00
75522	01/07/2025	EFT	1574	Citizens Energy Grou	99644	0682250000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75522	TOTAL:	999.00
75523	01/07/2025	EFT	1574	Citizens Energy Grou	99646	7140760000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75523	TOTAL:	999.00

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

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WARRANT

NET

75524	01/07/2025	EFT	1574 Citizens Energy Grou	99645	7224150000	12/19/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		
						CHECK	75524 TOTAL:	999.00
75525	01/07/2025	EFT	1574 Citizens Energy Grou	99647	3676860000	12/18/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		
						CHECK	75525 TOTAL:	999.00
75526	01/07/2025	EFT	1574 Citizens Energy Grou	99648	6841130000	12/18/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		
						CHECK	75526 TOTAL:	999.00
75527	01/07/2025	EFT	1574 Citizens Energy Grou	99649	8668060000	12/18/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		
						CHECK	75527 TOTAL:	999.00
75528	01/07/2025	EFT	1574 Citizens Energy Grou	99650	2424710000	12/19/2024	1725EP	999.00
				999.00	10109013 43100	Professional Services		
						CHECK	75528 TOTAL:	999.00
75529	01/07/2025	EFT	1574 Citizens Energy Grou	99651	8332520000	12/19/2024	1725EP	999.00
				999.00	10109013 43100	Professional Services		
						CHECK	75529 TOTAL:	999.00
75530	01/07/2025	EFT	1574 Citizens Energy Grou	99652	9389450000	12/19/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		
						CHECK	75530 TOTAL:	999.00
75531	01/07/2025	EFT	1574 Citizens Energy Grou	99655	3481020000	12/19/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		
						CHECK	75531 TOTAL:	999.00
75532	01/07/2025	EFT	1574 Citizens Energy Grou	99666	8747120000	12/19/2024	1725EP	999.00
				999.00	10109012 43100	Professional Services		

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

								CHECK	75532	TOTAL:	999.00
75533	01/07/2025	EFT	1574	Citizens Energy Grou	99668	0085720000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75533	TOTAL:	999.00
75534	01/07/2025	EFT	1574	Citizens Energy Grou	99669	1823600000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75534	TOTAL:	999.00
75535	01/07/2025	EFT	1574	Citizens Energy Grou	99670	2338570000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75535	TOTAL:	999.00
75536	01/07/2025	EFT	1574	Citizens Energy Grou	99674	3749120000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75536	TOTAL:	999.00
75537	01/07/2025	EFT	1574	Citizens Energy Grou	99676	0065630000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75537	TOTAL:	999.00
75538	01/07/2025	EFT	1574	Citizens Energy Grou	99678	4340330000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75538	TOTAL:	999.00
75539	01/07/2025	EFT	1596	Indiana Association	99516	115491		01/01/2025		1725EP	28,335.00
					23,335.00	10101013 43100		Professional Services			
					3,000.00	60601011 43100		Professional Services			
					2,000.00	62601011 43100		Professional Services			
								CHECK	75539	TOTAL:	28,335.00
75540	01/07/2025	EFT	4082	Metronet Systems Ho	99891	1-4-2025		01/04/2025	22400047	1725EP	900.00
					900.00	10106050 43100		Professional Services			

A/P CASH DISBURSEMENTS JOURNALCASH ACCOUNT: 99900000 10100 APCash
CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

CHECK 75540 TOTAL: 900.00

75541 01/07/2025 EFT 274 Meyer Najem Construc 99527 0223723-16 12/31/2024 1725EP 196,589.46
196,589.46

E 70023003 .GRANT .GRCIRD.
27057010 44920 Capital Expenses

CHECK 75541 TOTAL: 196,589.46

75542 01/07/2025 EFT 5002 Otodus Megalodon Pro 99530 01-25COF 01/01/2025 1725EP 8,930.00
8,930.00 21105058 43100 Professional Services

99537 02-25COF 01/01/2025 1725EP 8,930.00
8,930.00 21105058 43100 Professional Services

CHECK 75542 TOTAL: 17,860.00

75543 01/07/2025 EFT 805 Republic Services of 99735 0761-006692417 12/25/2024 1725EP 321.23
321.23 10109012 43100 Professional Services

CHECK 75543 TOTAL: 321.23

75544 01/07/2025 EFT 654 Waste Mgmt of Indian 99531 0223523-4672-4 12/30/2024 1725EP 872.91
872.91 60609014 43100 Professional Services

CHECK 75544 TOTAL: 872.91

75545 01/07/2025 EFT 645 WEX Bank 99679 101921232 12/31/2024 1725EP 1,121.01
939.52 10106010 42221 Fuel
181.49 20106010 42221 Fuel

CHECK 75545 TOTAL: 1,121.01

NUMBER OF CHECKS 63 *** CASH ACCOUNT TOTAL *** 480,571.77

TOTAL EFT'S COUNT AMOUNT
63 480,571.77

*** GRAND TOTAL *** 480,571.77

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75546	01/08/2025	EFT	442 Regions Bank	99519 840,000.00	R917811 47140000 43804	12/01/2024 Lease Payment		125debt	840,000.00
				99520 715,000.00	R809111 47140000 43804	12/01/2024 Lease Payment		125debt	715,000.00
CHECK								75546 TOTAL:	1,555,000.00
75547	01/08/2025	EFT	2331 Regions Equipment Fi	99522 194,444.81	1854935 60809014 44500	12/14/2024 Machinery and Equipment		125debt	194,444.81
				99523 118,488.07	1854936 60809014 44500	12/14/2024 Machinery and Equipment		125debt	118,488.07
CHECK								75547 TOTAL:	312,932.88
75548	01/08/2025	EFT	2172 The Huntington Natio	99521 509,000.00	FISHERSFS20_0125DS 47140000 43804	11/19/2024 Lease Payment		125debt	509,000.00
CHECK								75548 TOTAL:	509,000.00
NUMBER OF CHECKS						3	*** CASH ACCOUNT TOTAL ***		2,376,932.88
TOTAL EFT'S						COUNT 3	AMOUNT 2,376,932.88		
								*** GRAND TOTAL ***	2,376,932.88

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

		VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75549	01/09/2025 EFT	700 AT&T Mobility II, L	99827 287282926527x122024 79.73 10106050 43100	12/12/2024	22400896	1925EP Professional Services	79.73
				CHECK	75549	TOTAL:	79.73
75550	01/09/2025 EFT	700 AT&T Mobility II, L	99832 287303132695x121924 156.20 21206050 43100	12/11/2024		1925EP Professional Services	156.20
				CHECK	75550	TOTAL:	156.20
75551	01/09/2025 EFT	2393 Indianapolis Airport	99973 24231988 1,594.94 10105011 43100	01/01/2025		1925EP Professional Services	1,594.94
				CHECK	75551	TOTAL:	1,594.94
75552	01/09/2025 EFT	2600 Indianapolis Metro	99970 INV-00000298 48,978.89 10101011 43100	06/21/2024	22500016	1925EP Professional Services	48,978.89
				CHECK	75552	TOTAL:	48,978.89
75553	01/09/2025 EFT	144 Key Government Finan	99983 5086021 343,205.32 40201011 44905	12/18/2024	22500030	1925EP Capital Lease Payment	343,205.32
				CHECK	75553	TOTAL:	343,205.32
75554	01/09/2025 EFT	667 US Bancorp Governmen	99982 544624638 146,150.19 40201011 44905	12/16/2024	22500029	1925EP Capital Lease Payment	146,150.19
				CHECK	75554	TOTAL:	146,150.19
75555	01/09/2025 EFT	2789 Verizon Communicatio	99837 6101909345 853.48 10106050 43100 749.99	12/23/2024	22400976	1925EP Professional Services	1,603.47
			E 16525001 .ADMIN .Gen 10106050 42200			Operating Supplies	
			99838 6101938842 846.44 10106050 43100	12/23/2024	22400976	1925EP Professional Services	846.44
			99839 6101970703 616.12 10106050 43100	12/23/2024	22400976	1925EP Professional Services	616.12
			99841 6101924408 210.98 10106050 43100	12/23/2024	22400976	1925EP Professional Services	210.98

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	CHECK	75555	TOTAL:	3,277.01
NUMBER OF CHECKS	7	*** CASH ACCOUNT TOTAL ***		543,442.28
TOTAL EFT'S	COUNT	AMOUNT		
	7	543,442.28		
		*** GRAND TOTAL ***		543,442.28

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75556 01/10/2025 MANL 364 Cinergy Corp

 99656 WQ010225
 62,764.74 60609014 43500

 01/02/2025 22400010 11025DD
 Utility Services

62,764.74

CHECK 75556 TOTAL: 62,764.74

75557 01/10/2025 MANL 364 Cinergy Corp

 99826 010625BM
 59,004.24 10109012 43100

 01/06/2025 11025DD
 Professional Services

59,004.24

CHECK 75557 TOTAL: 59,004.24

75558 01/10/2025 MANL 364 Cinergy Corp

 99957 11025Streets
 13,712.27 10109012 43100

 01/07/2025 11025DD
 Professional Services

13,712.27

CHECK 75558 TOTAL: 13,712.27

NUMBER OF CHECKS 3 *** CASH ACCOUNT TOTAL *** 135,481.25

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	3	135,481.25

*** GRAND TOTAL *** 135,481.25

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75559	01/13/2025	EFT	700 AT&T Mobility II, L	99923	287301827393x121924	12/11/2024	22400896	11325EP	11,640.49
				9,870.49	10106050 43100			Professional Services	
				1,770.00					
					E 16524001 .Fleet .Gen			Operating Supplies	
					10106050 42200				
						CHECK	75559	TOTAL:	11,640.49
75560	01/13/2025	EFT	1574 Citizens Energy Grou	100110	2692830000	12/18/2024	22401214	11325EP	3,320.00
				3,320.00	62609014 43500			Utility Services	
						CHECK	75560	TOTAL:	3,320.00
75561	01/13/2025	EFT	1574 Citizens Energy Grou	100111	4753108926	12/30/2024	22401409	11325EP	5,063.10
				5,063.10	60609014 43500			Utility Services	
						CHECK	75561	TOTAL:	5,063.10
75562	01/13/2025	EFT	2055 MJ Insurance Inc	100182	397851	12/31/2024	22500032	11325EP	6,729.13
				4,525.04	10101011 43100			Professional Services	
				1,557.66	60601011 43100			Professional Services	
				646.43	62601011 43100			Professional Services	
				100183	397745	12/26/2024	22500032	11325EP	5,299.00
				3,563.35	10101011 43100			Professional Services	
				1,226.61	60601011 43100			Professional Services	
				509.04	62601011 43100			Professional Services	
				100184	398078	01/09/2025	22500032	11325EP	69,303.00
				46,603.20	10101011 43100			Professional Services	
				16,042.26	60601011 43100			Professional Services	
				6,657.54	62601011 43100			Professional Services	
				100186	398061	01/08/2025	22500032	11325EP	2,841.25
				1,910.62	10101011 43100			Professional Services	
				657.69	60601011 43100			Professional Services	
				272.94	62601011 43100			Professional Services	
				100187	398002	01/07/2025	22500032	11325EP	9,436.81
				6,345.84	10101011 43100			Professional Services	
				2,184.43	60601011 43100			Professional Services	
				906.54	62601011 43100			Professional Services	
				100188	398001	01/07/2025	22500032	11325EP	11,271.00
				7,579.25	10101011 43100			Professional Services	
				2,609.01	60601011 43100			Professional Services	
				1,082.74	62601011 43100			Professional Services	
				100190	397981	01/07/2025	22500032	11325EP	15,686.00

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				10,548.14	10101011 43100	Professional Services			
				3,631.00	60601011 43100	Professional Services			
				1,506.86	62601011 43100	Professional Services			
				100249	398175	01/13/2025	22500032	11325EP	62,500.00
				42,028.49	10101011 43100	Professional Services			
				14,467.50	60601011 43100	Professional Services			
				6,004.01	62601011 43100	Professional Services			
				100298	397794A	12/30/2024	22401440	11325EP	95,455.39
				95,455.39	40201013 44920	Capital Expenses			
				100302	397014A	11/27/2024	22401440	11325EP	107,231.00
				107,231.00	40201013 44920	Capital Expenses			
						CHECK	75562	TOTAL:	385,752.58
75563	01/13/2025	EFT	343 OneZone Inc	100202	84873	01/13/2025		11325EP	3,250.00
				3,250.00	10101011 43100	Professional Services			
						CHECK	75563	TOTAL:	3,250.00
75564	01/13/2025	EFT	805 Republic Services of	100052	0761-006693490	12/25/2024		11325EP	245.12
				245.12	10109012 43100	Professional Services			
						CHECK	75564	TOTAL:	245.12
75565	01/13/2025	EFT	2172 The Huntington Natio	100072	68998	12/02/2024		11325EP	2,000.00
				2,000.00	47140000 43100	Professional Services			
						CHECK	75565	TOTAL:	2,000.00
75566	01/13/2025	EFT	3174 The Pitney Bowes Ban	100209	8000-9090-1100-1281	01/12/2025		11325EP	637.06
				637.06	10101011 43202	Postage			
						CHECK	75566	TOTAL:	637.06
75567	01/13/2025	EFT	2789 Verizon Communicatio	99840	6101959130	12/23/2024	22400976	11325EP	1,340.68
				1,340.68	10106050 43100	Professional Services			
				99842	6101916600	12/23/2024		11325EP	1,044.47
				405.13	21106050 43100	Professional Services			
				406.08	21206050 43100	Professional Services			
				87.92					
					E 21224003 .PROFSE.				
					27155058 43100	Professional Services			
				106.27					

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					E 51222001 .OPER . 27055058 43100			Professional Services	
		39.07			E 21221005 .PROFSE. 27055058 43100			Professional Services	
99843			6101866422			12/23/2024	22400976	11325EP	4,970.54
4,970.54			10106050 43100					Professional Services	
99844			6101878095			12/23/2024	22400976	11325EP	1,007.39
1,007.39			10106050 43100					Professional Services	
99845			6101924370			12/23/2024	22400041	11325EP	2,220.22
2,158.05			60606050 43100					Professional Services	
62.17			60606050 43100					Professional Services	
CHECK 75567 TOTAL:									10,583.30
NUMBER OF CHECKS 9 *** CASH ACCOUNT TOTAL ***									422,491.65
						COUNT	AMOUNT		
TOTAL EFT'S						9	422,491.65		
*** GRAND TOTAL ***									422,491.65

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CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75568	01/15/2025	MANL	1521 Indiana Gas Company	100109	WQ_011025	12/05/2024	22400007	11525DD	5,465.59
				1,550.76	60609014 43500	Utility Services			
				3,000.00	60609014 43500	Utility Services			
				914.83	60609014 43500	Utility Services			
						CHECK	75568	TOTAL:	5,465.59
75569	01/15/2025	MANL	1521 Indiana Gas Company	100108	011025GAS	12/16/2024		11525DD	12,934.00
				12,934.00	10109012 43100	Professional Services			
						CHECK	75569	TOTAL:	12,934.00
				NUMBER OF CHECKS	2	*** CASH ACCOUNT TOTAL ***			18,399.59
						COUNT		AMOUNT	
				TOTAL MANUAL CHECKS		2		18,399.59	
							*** GRAND TOTAL ***		18,399.59

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75570 01/16/2025 MANL 2452 Regions Bank

 100627 1224CC-Admin
 547.27 10101017 42200

 12/31/2024 22400389 1224CC
 Operating Supplies

547.27

CHECK 75570 TOTAL: 547.27

75571 01/16/2025 MANL 2452 Regions Bank

 100628 1224CC-Admin
 578.50 10101017 42200
 305.37 10101017 42200

 12/31/2024 22401102 1224CC
 Operating Supplies
 Operating Supplies

883.87

CHECK 75571 TOTAL: 883.87

75572 01/16/2025 MANL 2452 Regions Bank

 100629 1224CC-Admin
 8,921.32 10101017 43100

 12/31/2024 22401104 1224CC
 Professional Services

8,921.32

CHECK 75572 TOTAL: 8,921.32

75573 01/16/2025 MANL 2452 Regions Bank

 100630 1224CC-Admin
 82.60 21105058 43100

 12/31/2024 22401118 1224CC
 Professional Services

82.60

CHECK 75573 TOTAL: 82.60

75574 01/16/2025 MANL 2452 Regions Bank

 100631 1224CC-Admin
 3,250.00 10101017 42200

 12/31/2024 22401276 1224CC
 Operating Supplies

3,250.00

CHECK 75574 TOTAL: 3,250.00

75575 01/16/2025 MANL 2452 Regions Bank

 100632 1224CC-Admin
 89.00 10101017 43200
 89.00 10101017 43200
 89.00 10101017 43200
 89.00 10101017 43200
 89.00 10101017 43200

 12/31/2024 22401278 1224CC
 Comms And Transportation
 Comms And Transportation
 Comms And Transportation
 Comms And Transportation
 Comms And Transportation

445.00

CHECK 75575 TOTAL: 445.00

75576 01/16/2025 MANL 2452 Regions Bank

 100633 1224CC-Admin
 577.95 10101017 42200
 4,488.88 10101017 42200

 12/31/2024 22401354 1224CC
 Operating Supplies
 Operating Supplies

5,066.83

CHECK 75576 TOTAL: 5,066.83

75577 01/16/2025 MANL 2452 Regions Bank

 100634 1224CC-Admin
 304.62 10101017 42200
 7.63 10101017 42200
 29.57 10101017 42200

 12/31/2024 22401380 1224CC
 operating Supplies
 operating Supplies
 operating Supplies

3,173.30

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

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					121.54	10101017	42200	Operating Supplies			
					722.41	10101017	42200	Operating Supplies			
					154.34	10101017	42200	Operating Supplies			
					20.09	10101017	42200	Operating Supplies			
					317.81	10101017	42200	Operating Supplies			
					71.93	10101017	42200	Operating Supplies			
					306.89	10101017	42200	Operating Supplies			
					47.50	10101017	42200	Operating Supplies			
					47.52	10101017	42200	Operating Supplies			
					37.50	10101017	42200	Operating Supplies			
					399.80	10101017	42200	Operating Supplies			
					45.00	10101017	42200	Operating Supplies			
					110.00	10101017	43100	Professional Services			
					26.97	10101017	42200	Operating Supplies			
					187.04	10101017	42200	Operating Supplies			
					89.07	10101017	42200	Operating Supplies			
					79.06	10101017	42200	Operating Supplies			
					47.01	10101017	42200	Operating Supplies			
								CHECK	75577	TOTAL:	3,173.30
75578	01/16/2025	MANL	2452	Regions Bank	100635	1224CC-Admin	12/31/2024	1224CC			39,159.32
					64.45	10101015	42200	Operating Supplies			
					123.74	10101015	42200	Operating Supplies			
					40.45	10101017	42200	Operating Supplies			
					-40.45	10101017	42200	Operating Supplies			
					9,000.00	10101017	42200	Operating Supplies			
					73.04	10101011	42200	Operating Supplies			
					60.60	10101011	43100	Professional Services			
					1.00	10101011	43100	Professional Services			
					21.00	10101011	43100	Professional Services			
					30.00	10101011	43100	Professional Services			
					348.96	10101011	43100	Professional Services			
					28.00	10101011	43100	Professional Services			
					38.99	10101011	43100	Professional Services			
					69.83	10101011	42200	Operating Supplies			
					44.96	10101011	42200	Operating Supplies			
					74.40	10101011	42200	Operating Supplies			
					134.21	10101011	42200	Operating Supplies			
					77.56	10101011	42200	Operating Supplies			
					5,531.75	10101016	43202	Postage			
					443.59	10101011	42200	Operating Supplies			
					4.00	10101011	43100	Professional Services			
					32.40	10101011	43100	Professional Services			
					94.12	10101011	42200	Operating Supplies			
					187.22	10101011	42200	Operating Supplies			
					966.24	10101011	42200	Operating Supplies			
					793.46	10101011	42200	Operating Supplies			
					28.76	10101011	42200	Operating Supplies			
					1,066.28	10101011	42200	Operating Supplies			
					907.68	10101011	42200	Operating Supplies			

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

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NET

41.67	10101011	42200	Operating Supplies
885.56	10101011	42200	Operating Supplies
387.89	10101011	42200	Operating Supplies
-885.56	10101011	42200	Operating Supplies
885.56	10101011	42200	Operating Supplies
15.00	10101011	42200	Operating Supplies
90.42	10101011	42200	Operating Supplies
689.57	10101015	42200	Operating Supplies
49.42	10101011	42200	Operating Supplies
143.21	21205058	43100	Professional Services
298.95	10101011	43100	Professional Services
672.46	10101011	43100	Professional Services
741.76	10101011	42200	Operating Supplies
21.95	10101011	42200	Operating Supplies
838.14	10101011	43100	Professional Services
256.66	10101011	42200	Operating Supplies
-256.66	10101011	42200	Operating Supplies
4.00	10101011	43100	Professional Services
171.98	10101011	43200	Comms And Transportation
3,562.50	10101011	42200	Operating Supplies
1,200.00	10101011	43100	Professional Services
10.45	10101011	43100	Professional Services
64.20	10101011	42200	Operating Supplies
20.93	10101016	42200	Operating Supplies
70.07	10101016	42200	Operating Supplies
141.50	10101016	43100	Professional Services
156.24	10101016	42200	Operating Supplies
9.99	10101016	43100	Professional Services
50.00	10101016	43100	Professional Services
5.02	10101016	42200	Operating Supplies
540.56	10101016	42200	Operating Supplies
135.19	10101016	42200	Operating Supplies
849.00	10101016	42200	Operating Supplies
21.54	10101016	42200	Operating Supplies
35.00	10101016	43100	Professional Services
73.58	10101016	42200	Operating Supplies
900.00	10101016	43100	Professional Services
20.00	10101016	43100	Professional Services
441.23	10101016	43100	Professional Services
80.41	10101016	43100	Professional Services
16.62	10101016	42200	Operating Supplies
75.52	10101016	42200	Operating Supplies
5,000.00	10101016	43202	Postage
41.38	10101016	42200	Operating Supplies
40.40	10101016	42200	Operating Supplies
274.26	10101016	42200	Operating Supplies
25.51	10101016	42200	Operating Supplies

CHECK 75578 TOTAL: 39,159.32

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

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75579	01/16/2025	MANL	2452 Regions Bank	100636	1224CC-BSG	12/31/2024	22401176	1224CC	900.00
				572.00	10101012 42200			operating Supplies	
				289.56	10101012 42200			operating Supplies	
				38.44	10101012 42200			operating Supplies	
						CHECK	75579	TOTAL:	900.00
75580	01/16/2025	MANL	2452 Regions Bank	100637	1224CC-BSG	12/31/2024	22401346	1224CC	3,999.60
				3,960.00	10105011 43100			Professional Services	
				39.60	10105011 43100			Professional Services	
						CHECK	75580	TOTAL:	3,999.60
75581	01/16/2025	MANL	2452 Regions Bank	100638	1224CC-BSG	12/31/2024		1224CC	209.94
				5.11	10101012 42200			operating Supplies	
				21.38	10101012 42200			operating Supplies	
				70.72	10101012 43200			Comms And Transportation	
				90.81	10101012 43200			Comms And Transportation	
				21.92	10101012 43100			Professional Services	
						CHECK	75581	TOTAL:	209.94
75582	01/16/2025	MANL	2452 Regions Bank	100655	1224CC-Recreation	12/31/2024	22401423	1224CC	44,591.53
				9.36	10107010 42200			operating Supplies	
				446.83	10107010 42200			operating Supplies	
				350.00	10107010 43100			Professional Services	
				1,029.30	10107010 43100			Professional Services	
				772.35	10107010 42200			operating Supplies	
				300.00	10107010 43100			Professional Services	
				57.96	10107010 42200			operating Supplies	
				20.40	10107010 42200			operating Supplies	
				149.74	10107010 42200			operating Supplies	
				404.40	10107010 42200			operating Supplies	
				102.27	10107010 42200			operating Supplies	
				10.00	10107010 42200			operating Supplies	
				5,175.00	10107010 43100			Professional Services	
				297.00	10107010 42200			operating Supplies	
				23.54	10107010 42200			operating Supplies	
				70.69	10107010 42200			operating Supplies	
				1,235.10	10107010 43100			Professional Services	
				151.17	10107010 42200			operating Supplies	
				113.10	10107010 42200			operating Supplies	
				33.71	10107010 42200			operating Supplies	
				35.00	10107010 43100			Professional Services	
				216.00	10107010 43100			Professional Services	
				69.98	10107010 42200			operating Supplies	
				1,800.00	10107010 43100			Professional Services	
				319.93	10107010 42200			operating Supplies	

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 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

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NET

27.82	10107010	42200	Operating Supplies
-117.66	10107010	42200	Operating Supplies
349.36	10107010	42200	Operating Supplies
1,683.00	10107010	42200	Operating Supplies
425.86	10107010	42200	Operating Supplies
770.21	10107010	42200	Operating Supplies
-212.93	10107010	42200	Operating Supplies
349.36	10107010	42200	Operating Supplies
181.79	10107010	42200	Operating Supplies
674.03	10107010	42200	Operating Supplies
513.54	10107010	42200	Operating Supplies
27.98	10107010	42200	Operating Supplies
66.00	10107010	42200	Operating Supplies
29.99	10107010	42200	Operating Supplies
1,353.87	10107010	42200	Operating Supplies
21.99	10107010	42200	Operating Supplies
27.89	10107010	42200	Operating Supplies
200.08	10107010	42200	Operating Supplies
18.20	10107010	42200	Operating Supplies
17.34	10107010	42200	Operating Supplies
218.60	10107010	42200	Operating Supplies
100.00	10107010	42200	Operating Supplies
7.30	10107010	42200	Operating Supplies
73.00	10107010	42200	Operating Supplies
73.00	10107010	42200	Operating Supplies
2.00	10107010	42200	Operating Supplies
6.00	10107010	42200	Operating Supplies
50.13	10107010	42200	Operating Supplies
154.94	10107010	42200	Operating Supplies
77.00	10107010	42200	Operating Supplies
66.07	10107010	42200	Operating Supplies
12.84	10107010	42200	Operating Supplies
3.84	10107010	42200	Operating Supplies
21.40	10107010	42200	Operating Supplies
161.40	10107010	42200	Operating Supplies
2,125.34	10107010	43100	Professional Services
824.00	10107010	42200	Operating Supplies
41.91	10107010	42200	Operating Supplies
21.57	10107010	42200	Operating Supplies
244.38	10107010	42200	Operating Supplies
21.84	10107010	42200	Operating Supplies
12.95	10107010	43100	Professional Services
692.29	10107010	42200	Operating Supplies
1,800.00	10107010	42200	Operating Supplies
277.28	10107010	43100	Professional Services
207.83	10107010	42200	Operating Supplies
22.82	10107010	42200	Operating Supplies
4,125.00	10107010	42200	Operating Supplies
495.00	10107010	43100	Professional Services
165.88	10107010	42200	Operating Supplies
475.61	10107010	42200	Operating Supplies
274.95	10107010	42200	Operating Supplies

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 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

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113.08	10107010	42200
132.49	10107010	42200
151.50	10107010	42200
1,881.00	10107010	42200
62.21	10107010	42200
125.53	10107010	42200
94.56	10107010	42200
1,000.00	10107010	42200
1,228.80	10107010	43100
1,963.27	10107010	43100
56.04	10107010	43100
1,339.00	10107010	43100
1,600.00	10107010	43100
662.21	10107010	42200
56.06	10107010	42200
19.99	10107010	43100
55.00	10107010	42200
450.00	10107010	42200
58.38	10107010	42200
21.36	10107010	42200
12.82	10107010	42200
640.00	10107010	42200
335.00	10107010	43100
76.51	10107010	42200

Operating Supplies
operating Supplies
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operating Supplies
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operating Supplies
operating Supplies
Professional Services
operating Supplies

CHECK 75582 TOTAL: 44,591.53

75583 01/16/2025 MANL 2452 Regions Bank

100654	1224CC-Police
46.06	10108015 43200
35.00	10108015 43200
35.00	10108015 43200
35.00	10108015 43200
45.00	10108015 43200
395.00	10108013 43200
5.00	10108013 43100
71.00	10108015 42200
588.60	10108015 43200
588.60	10108015 43200
614.22	10108015 42200
1,800.00	10108015 42200
306.52	10108015 43200
15.98	10108015 42200
788.20	10108015 43200
5,139.99	23308011 43100
19.99	10108013 42200
5,200.00	10108015 42200
550.00	10108013 43200
89.57	10108015 43200
494.96	10108015 43200
545.96	10108013 43200
22.45	10108015 43200

12/31/2024
1224CC
Comms And Transportation
Comms And Transportation
Comms And Transportation
Comms And Transportation
Comms And Transportation
Comms And Transportation
Professional Services
Operating Supplies
Comms And Transportation
Comms And Transportation
Operating Supplies
operating Supplies
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Operating Supplies
Comms And Transportation
Comms And Transportation
Professional Services
Operating Supplies
operating Supplies
Comms And Transportation
Comms And Transportation
Comms And Transportation
Comms And Transportation

37,035.77

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545.96	10108013	43200	Comms And Transportation
669.50	10108015	43100	Professional Services
161.28	10108015	43200	Comms And Transportation
161.28	10108015	43200	Comms And Transportation
161.28	10108015	43200	Comms And Transportation
350.00	10108011	43200	Comms And Transportation
38.07	10108011	42200	Operating Supplies
138.09	10108011	42200	Operating Supplies
220.00	10108011	43100	Professional Services
172.79	10108011	42200	Operating Supplies
128.09	10108011	42200	Operating Supplies
126.26	10108011	42200	Operating Supplies
156.00	10108011	42200	Operating Supplies
99.96	10108015	42200	Operating Supplies
91.80	10108011	42200	Operating Supplies
21.29	10108011	42200	Operating Supplies
1,492.93	10108011	42200	Operating Supplies
46.39	10108011	42200	Operating Supplies
53.96	10108011	42200	Operating Supplies
90.59	10108011	42200	Operating Supplies
63.95	10108011	42200	Operating Supplies
102.67	10108011	42200	Operating Supplies
391.65	10108011	43100	Professional Services
22.99	10108015	42200	Operating Supplies
117.11	10108015	42200	Operating Supplies
75.00	10108011	43100	Professional Services
237.73	10108015	42200	Operating Supplies
456.46	10108013	43200	Comms And Transportation
324.00	10108011	43100	Professional Services
954.58	10108013	43100	Professional Services
260.47	10108013	43100	Professional Services
75.00	10108011	43100	Professional Services
260.47	10108013	43100	Professional Services
-143.75	10108015	43200	Comms And Transportation
35.00	10108015	43200	Comms And Transportation
35.00	10108015	43200	Comms And Transportation
362.35	10108015	43200	Comms And Transportation
362.35	10108015	43200	Comms And Transportation
25.00	10108013	43200	Comms And Transportation
25.00	10108013	43100	Professional Services
730.40	10108013	43100	Professional Services
100.00	10108013	43100	Professional Services
1,471.54	10108013	43200	Comms And Transportation
51.38	10108015	43200	Comms And Transportation
1,307.85	10108015	43200	Comms And Transportation
3,597.00	10108015	43200	Comms And Transportation
1,249.00	10108015	43200	Comms And Transportation
194.78	10108012	43200	Comms And Transportation
850.00	10108012	43200	Comms And Transportation
148.24	10108011	42200	Operating Supplies
159.80	10108011	42200	Operating Supplies
69.35	10108012	42200	Operating Supplies

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					515.79	10108012	42200	Operating Supplies			
					189.99	10108012	42200	operating Supplies			
								CHECK	75583	TOTAL:	37,035.77
75584	01/16/2025	MANL	2452 Regions Bank		100640	1224CC-DPW		12/31/2024	22401191	1224CC	40.00
					40.00	62609014	43200	Comms And Transportation			
								CHECK	75584	TOTAL:	40.00
75585	01/16/2025	MANL	2452 Regions Bank		100641	1224CC-DPW		12/31/2024	22401410	1224CC	3,450.95
					3,450.95	60609014	43500	Utility Services			
								CHECK	75585	TOTAL:	3,450.95
75586	01/16/2025	MANL	2452 Regions Bank		100642	1224CC-DPW		12/31/2024		1224CC	17,933.71
					1,601.25	10106192	42200	operating Supplies			
					41.10	10106192	42200	operating Supplies			
					14.45	10106192	42200	operating Supplies			
					13.35	10106192	42200	operating Supplies			
					589.46	10106192	42200	operating Supplies			
					102.88	10106192	42200	operating Supplies			
					688.00	10106192	42200	operating Supplies			
					503.04	10106192	42200	operating Supplies			
					200.00	10109012	43100	Professional Services			
					3,093.44	10109012	43100	Professional Services			
					212.26	10109012	43100	Professional Services			
					1,632.94	10109012	43100	Professional Services			
					86.61	10109012	43100	Professional Services			
					58.71	10106192	42200	operating Supplies			
					238.00	10109012	43100	Professional Services			
					178.50	10109012	43100	Professional Services			
					238.00	10109012	43100	Professional Services			
					238.00	10109012	43100	Professional Services			
					238.00	10109012	43100	Professional Services			
					172.90	10106192	42200	operating Supplies			
					310.69	10106192	42200	operating Supplies			
					37.45	10106192	42200	operating Supplies			
					16.05	10106192	42200	operating Supplies			
					51.93	10106192	42200	operating Supplies			
					29.14	10106192	42200	operating Supplies			
					200.00	10109013	43100	Professional Services			
					25.67	10106192	42200	operating Supplies			
					14.71	10106192	42200	operating Supplies			
					17.96	10106192	42200	operating Supplies			
					3,838.10	10106192	42200	operating Supplies			
					594.00	60609014	42200	operating Supplies			
					2,592.68	60609014	43100	Professional Services			
					64.44	60609014	42200	operating Supplies			

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME
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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME
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Report generated: 01/16/2025 08:26
User: clarkc
Program ID: apcshdsb

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35.00	10105012	43200	Comms And Transportation
18.29	10105012	43200	Comms And Transportation
29.99	10105011	43200	Comms And Transportation
259.00	10105011	42200	Operating Supplies
808.00	10105011	42200	Operating Supplies
96.25	10105015	42231	Uniforms
19.10	10105012	43200	Comms And Transportation
1,966.00	10105015	42231	Uniforms
107.42	10105014	42200	Operating Supplies
214.84	10105014	42200	Operating Supplies
214.84	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
429.67	10105014	42200	Operating Supplies
429.67	10105014	42200	Operating Supplies
429.67	10105014	42200	Operating Supplies
157.41	10105011	42200	Operating Supplies
137.09	10105011	42200	Operating Supplies
124.16	10105011	42200	Operating Supplies
599.00	10105015	43200	Comms And Transportation
5.99	10105015	43200	Comms And Transportation
19.99	10105011	43200	Comms And Transportation
25.96	10105011	42200	Operating Supplies
15.37	10105011	42200	Operating Supplies
12.00	10105011	43200	Comms And Transportation
58.86	10105011	42200	Operating Supplies
14.30	10105011	42200	Operating Supplies
37.89	10105011	42200	Operating Supplies
34.08	10105011	42200	Operating Supplies
58.52	10105011	42200	Operating Supplies
12.54	10105011	42200	Operating Supplies
76.28	10105011	42200	Operating Supplies
335.30	10105011	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
66.11	10105016	42200	Operating Supplies
99.92	10105013	42200	Operating Supplies
94.50	10105013	42200	Operating Supplies
177.79	10105013	42200	Operating Supplies
-49.96	10105013	42200	Operating Supplies
189.76	10105013	42200	Operating Supplies
74.94	10105013	42200	Operating Supplies
83.18	10105013	42200	Operating Supplies

CHECK 75588 TOTAL: 14,499.71

75589 01/16/2025 MANL 2452 Regions Bank

 100648 1224CC-Fleet
 45.00 10106010 43100
 15.00 10106010 43100
 20.00 10106010 43100

 12/31/2024
 Professional Services
 Professional Services
 Professional Services

1224CC 8,531.59

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					15.00	10106010	43100	Professional Services				
					48.89	10106010	42200	Operating Supplies				
					7,384.19							
						E 10324001	.LANDSC.LANDSC.					
						10101013	44920	Capital Expenses				
					111.55	10106010	42200	Operating Supplies				
					157.50	10106010	42200	Operating Supplies				
					26.98	10106010	42200	Operating Supplies				
					584.00	10106010	42200	Operating Supplies				
					123.48	20106010	42200	Operating Supplies				
								CHECK	75589	TOTAL:	8,531.59	
75590	01/16/2025	MANL	2452	Regions Bank	100650	1224CC-IT		12/31/2024	22400190	1224CC	1,858.34	
					139.90	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					284.85	10106050	43100	Professional Services				
					399.43	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					279.85	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					210.00	10106050	43100	Professional Services				
					139.61	10106050	43100	Professional Services				
								CHECK	75590	TOTAL:	1,858.34	
75591	01/16/2025	MANL	2452	Regions Bank	100651	1224CC-IT		12/31/2024	22400190	1224CC	156.85	
					156.85	60606050	43100	Professional Services				
								CHECK	75591	TOTAL:	156.85	
75592	01/16/2025	MANL	2452	Regions Bank	100652	1224CC-IT		12/31/2024		1224CC	3,608.92	
					206.02	10106050	43100	Professional Services				
					11.99	10106050	43100	Professional Services				
					524.05	10106050	43100	Professional Services				
					39.80	10106050	43100	Professional Services				
					.40	10106050	43100	Professional Services				
					19.99	10106050	43100	Professional Services				
					79.95	10106050	43100	Professional Services				
					947.85	10106050	43200	Comms And Transportation				
					154.90							
						E 21224003	.PROFSE.					
						27155058	43100	Professional Services				
					129.07	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					139.90	10106050	43100	Professional Services				
					148.85	10106050	43100	Professional Services				
					219.80	10106050	43100	Professional Services				
					84.90	10106050	43100	Professional Services				

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NET

 279.85 10106050 43100
 199.85 10106050 43100
 286.85 10106050 43100

 Professional Services
 Professional Services
 Professional Services

CHECK 75592 TOTAL: 3,608.92

75593 01/16/2025 MANL 2452 Regions Bank

 100653 1224CC-Planning
 305.00 10103012 43200
 396.00 10103012 43200
 27.48 10103012 42200
 222.82 21703012 42200
 487.72 10101014 42200
 25.00 10103012 43200
 45.12 10103012 42200
 28.75 10103012 43300
 29.77 10103012 43300
 25.92 10103012 43300
 28.75 10103012 43300
 -14.74 10103012 42200
 13.38 10103012 42200
 26.86 10103012 43300
 29.77 10103012 43300
 3,328.00 21703012 42200
 19.48 10103012 43100

 12/31/2024 1224CC
 Comms And Transportation
 Comms And Transportation
 Operating Supplies
 Operating Supplies
 Operating Supplies
 Comms And Transportation
 Operating Supplies
 Printing And Advertising
 Printing And Advertising
 Printing And Advertising
 Printing And Advertising
 Operating Supplies
 Operating Supplies
 Printing And Advertising
 Printing And Advertising
 Operating Supplies
 Professional Services

5,025.08

CHECK 75593 TOTAL: 5,025.08

75594 01/16/2025 MANL 2452 Regions Bank

 100649 1224CC-HealthDept
 597.62 10103011 42200
 590.13 10103011 42200
 10.98 10103011 42200
 305.00 10103011 43200
 1,237.89 10103011 43100
 125.00 10103011 43100
 264.00 21205058 43100
 70.39 21205058 43100
 9.96 21205058 43100
 29.13 21205058 42200
 49.37 21205058 43100
 27.50 21205058 42200
 42.72 21205058 42200
 18.00 21205058 42200
 39.78 21205058 42200
 20.34 21205058 42200
 27.50 21205058 42200
 632.75 21205058 42200
 5.99 21205058 42200
 183.50 21205058 43200
 29.23 21205058 42200
 18.00 21205058 43100

 12/31/2024 1224CC
 Operating Supplies
 Operating Supplies
 Operating Supplies
 Comms And Transportation
 Professional Services
 Professional Services
 Professional Services
 Professional Services
 Professional Services
 Operating Supplies
 Professional Services
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 operating Supplies
 operating Supplies
 Comms And Transportation
 operating Supplies
 Professional Services

4,758.83

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					14.99	21205058	43100	Professional Services			
					30.00	21205058	42200	Operating Supplies			
					17.11	21205058	42200	Operating Supplies			
					40.00	21205058	43200	Comms And Transportation			
					40.00	21205058	43200	Comms And Transportation			
					40.00	21205058	43200	Comms And Transportation			
					51.86	10103011	42200	Operating Supplies			
					42.76	10103011	42200	Operating Supplies			
					147.33	10103011	42200	Operating Supplies			
					CHECK					75594 TOTAL:	4,758.83
75595	01/16/2025	MANL	2452	Regions Bank	100657	1224CC-Controller	12/31/2024	22401383	1224CC		377.64
					136.41	10101013	42200	Operating Supplies			
					22.74	60601013	42200	Operating Supplies			
					22.74	62601013	42200	Operating Supplies			
					48.93	10101013	42200	Operating Supplies			
					8.16	60601013	42200	Operating Supplies			
					8.16	62601013	42200	Operating Supplies			
					97.89	10101013	42200	Operating Supplies			
					16.31	60601013	42200	Operating Supplies			
					16.30	62601013	42200	Operating Supplies			
					CHECK					75595 TOTAL:	377.64
75596	01/16/2025	MANL	2452	Regions Bank	100658	1224CC-Controller	12/31/2024		1224CC		101.98
					9.98	10101013	42200	Operating Supplies			
					92.00	10101013	43100	Professional Services			
					CHECK					75596 TOTAL:	101.98
75597	01/16/2025	MANL	2452	Regions Bank	100659	1224CC-Controller	12/31/2024	22201186	1224CC		2,118.94
					2,118.94	60601013	43200	Comms And Transportation			
					CHECK					75597 TOTAL:	2,118.94
75598	01/16/2025	MANL	2452	Regions Bank	100660	1224CC-Controller	12/31/2024	22301417	1224CC		357.69
					223.56	60601013	43200	Comms And Transportation			
					134.13	62601013	43200	Comms And Transportation			
					CHECK					75598 TOTAL:	357.69
75599	01/16/2025	MANL	2452	Regions Bank	100644	1224CC-Engineering	12/31/2024	22401284	1224CC		584.02
					562.02	20104010	43100	Professional Services			
					4.00	20104010	43100	Professional Services			
					4.00	20104010	43100	Professional Services			
					14.00	20104010	43100	Professional Services			

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						CHECK	75599 TOTAL:	584.02
75600	01/16/2025	MANL	2452 Regions Bank	100645	1224CC-Engineering	12/31/2024	1224CC	666.00
				175.00	60604010 42200	Operating Supplies		
				175.00	20104010 42200	Operating Supplies		
				316.00	60604010 43100	Professional Services		
						CHECK	75600 TOTAL:	666.00
75601	01/16/2025	MANL	2452 Regions Bank	100643	1224CC-EconDev	12/31/2024	1224CC	564.64
				41.86	10101014 42200	Operating Supplies		
				12.10	10101014 42200	Operating Supplies		
				42.19	10101014 42200	Operating Supplies		
				337.98	10101014 42200	Operating Supplies		
				130.51	10101014 42200	Operating Supplies		
						CHECK	75601 TOTAL:	564.64
75602	01/16/2025	MANL	2452 Regions Bank	100639	1224CC-Clerk	12/31/2024	1224CC	263.14
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				28.84	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
						CHECK	75602 TOTAL:	263.14

NUMBER OF CHECKS 33 *** CASH ACCOUNT TOTAL *** 214,926.42

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	33	214,926.42

*** GRAND TOTAL *** 214,926.42

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CASH ACCOUNT: 99900000 10103				FIB Health/Flex Account					
CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
282	01/16/2025	EFT	3097 Southeastern Indiana	100335	HOD010725	01/07/2025		11625H	181.55
				181.55	70400000 43100	Professional Services			
				100336	HOD011425	01/14/2025		11625H	380.00
				380.00	70400000 43100	Professional Services			
						CHECK	282	TOTAL:	561.55
NUMBER OF CHECKS						1	*** CASH ACCOUNT TOTAL ***		561.55
TOTAL EFT'S						COUNT	AMOUNT		
						1	561.55		
						*** GRAND TOTAL ***			561.55

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WARRANT

NET

75603	01/16/2025	EFT	1431 Hamilton Southeaster	100033	93841	01/09/2025	11625EP	82,100.00
				82,100.00				

 E 10324001 .SCHOOL.
 10101013 44920

Capital Expenses

CHECK 75603 TOTAL: 82,100.00

75604	01/16/2025	EFT	5099 Lincoln on Fishers L	100163	THBC Grant	01/02/2025	11625EP	60,000.00
				60,000.00	43510000 43100	Professional Services		

CHECK 75604 TOTAL: 60,000.00

75605	01/16/2025	EFT	343 OneZone Inc	100341	84901	01/14/2025	11625EP	1,950.00
				1,950.00	10101011 43100	Professional Services		

CHECK 75605 TOTAL: 1,950.00

75606	01/16/2025	EFT	5002 Otodus Megalodon Pro	100071	2025 COF_CPG	01/09/2025	11625EP	132,950.00
				132,950.00	47140000 44920	Capital Expenses		

CHECK 75606 TOTAL: 132,950.00

NUMBER OF CHECKS 4 *** CASH ACCOUNT TOTAL *** 277,000.00

		COUNT	AMOUNT
TOTAL EFT'S		4	277,000.00

*** GRAND TOTAL *** 277,000.00

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825H 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10103			FIB Health/Flex Account							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2650	Community Health Netw	0000		EFT	02/13/2025	EHS-001875		94364	100663	
ACCOUNT DETAIL						LINE AMOUNT				
1	70400000 43100	EHF		PROSERVICE		38,977.48				
							38,977.48			
						CHECK TOTAL	38,977.48			
3097	Southeastern Indiana	0000		EFT	02/01/2025	0000058015		94604	100913	
ACCOUNT DETAIL						LINE AMOUNT				
1	70400000 43100	EHF		PROSERVICE		836,603.50				
							836,603.50			
						CHECK TOTAL	836,603.50			
2	INVOICES	WARRANT TOTAL				875,580.98	875,580.98			
CASH ACCOUNT BALANCE							-6,378,807.81			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
283	3M Company	0000		EFT	01/15/2025	9431859505		93411	99565		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		1,188.37					
							1,188.37				
283	3M Company	0000		EFT	01/09/2025	9431766441		93570	99732		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		790.48					
							790.48				
283	3M Company	0000	22500035	EFT	01/19/2025	9431945958		94024	100229		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		3,229.36					
							3,229.36				
						CHECK TOTAL	5,208.21				
3225	4th Hawk Media LLC	0000		EFT	02/06/2025	R5463		93829	100021		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks	PROSERVICE		34.53					
							34.53				
						CHECK TOTAL	34.53				
2299	539 Apparel LLC	0000		EFT	02/01/2025	1007762		93663	99847		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 42200		GenFireAdm	OPERSUP		98.00					
							98.00				
2299	539 Apparel LLC	0000		EFT	02/12/2025	1007829		94013	100217		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 42200		GenFireAdm	OPERSUP		60.00					
							60.00				
						CHECK TOTAL	158.00				
5031	911 Fleet & Fire Equi	0000	22401171	EFT	02/02/2025	INV-08143		93705	99890		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105014 42200		GenSpecOps	OPERSUP		22,420.00					
							22,420.00				
						CHECK TOTAL	22,420.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670365		93697	99881	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			55.00			
									55.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670359		93702	99885	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			50.00			
									50.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670361		93704	99888	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			35.00			
									35.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670349		93706	99889	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			70.00			
									70.00			
316	AAA Exterminating Inc			0000		EFT	02/07/2025	670789		93888	100082	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			40.00			
									40.00			
316	AAA Exterminating Inc			0000		EFT	02/07/2025	670815		93889	100083	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			
316	AAA Exterminating Inc			0000		EFT	02/07/2025	670801		93890	100084	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670374		94139	100356	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670385		94140	100357	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc			0000		EFT	01/27/2025	670266		94435	100738	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	21105058	43100		MNCPLHDFNBROSERVICE			52.50				
	2	21205058	43100		CHD PROSERVICE			52.50				
									105.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669446		94468	100774	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			45.00				
									45.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669438		94469	100775	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669445		94470	100776	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669458		94473	100779	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			225.00				
									225.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671628		94476	100782	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671629		94477	100783	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			45.00				
									45.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671612		94478	100784	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671607		94479	100785	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			40.00				
									40.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc		0000		EFT	02/15/2025	671634		94480	100786	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			15.00			
								15.00			
316	AAA Exterminating Inc		0000		EFT	02/15/2025	671353		94481	100788	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			60.00			
								60.00			
316	AAA Exterminating Inc		0000		EFT	02/14/2025	671385		94484	100791	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			55.00			
								55.00			
316	AAA Exterminating Inc		0000		EFT	02/14/2025	671411		94486	100793	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			60.00			
								60.00			
316	AAA Exterminating Inc		0000		EFT	02/14/2025	671416		94487	100794	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			60.00			
								60.00			
316	AAA Exterminating Inc		0000		EFT	02/14/2025	671437		94488	100795	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			60.00			
								60.00			
316	AAA Exterminating Inc		0000		EFT	02/14/2025	671496		94489	100796	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			60.00			
								60.00			
316	AAA Exterminating Inc		0000		EFT	02/14/2025	671448		94490	100797	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			80.00			
								80.00			
316	AAA Exterminating Inc		0000		EFT	02/15/2025	671487		94491	100798	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			225.00			
								225.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671466		94493	100800	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		240.00				
							240.00			
316	AAA Exterminating Inc	0000		EFT	02/15/2025	671679		94621	100933	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		180.00				
							180.00			
316	AAA Exterminating Inc	0000		EFT	02/16/2025	671863		94627	100942	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		100.00				
							100.00			
						CHECK TOTAL	2,305.00			
2985	ABC Cutting Contracto	0000		EFT	01/13/2025	158109		93958	100159	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		400.00				
							400.00			
						CHECK TOTAL	400.00			
62	Accent Coatings LLC	0000	22400932	EFT	01/29/2025	4045		93959	100160	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		34,700.00				
							34,700.00			
						CHECK TOTAL	34,700.00			
4467	Accurate Cutting Tech	0000		EFT	01/15/2025	70312		94244	100463	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		24.00				
	2 10107010 42200		GenParks	OPERSUP		99.00				
							123.00			
4467	Accurate Cutting Tech	0000		EFT	02/16/2025	70546		94611	100921	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		101.00				
							101.00			
						CHECK TOTAL	224.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025

DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2078	Action Equipment Sale			0000	22401208	EFT	01/19/2025	PSI25-0114		94112	100328	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105010	44500		GenFire	MACHEQPT		8,532.00				
									8,532.00			
								CHECK TOTAL	8,532.00			
5101	Adrienne Maynard			0000		EFT	01/17/2025	24151		94123	100338	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43100		GenPR	PROSERVICE		1,180.00				
									1,180.00			
								CHECK TOTAL	1,180.00			
124	Airgas, Inc.			0000		EFT	01/15/2025	9156556551		93664	99848	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105012	43100		GenEMS	PROSERVICE		41.10				
									41.10			
124	Airgas, Inc.			0000		EFT	01/29/2025	9156897493		93772	99958	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105012	43100		GenEMS	PROSERVICE		42.79				
									42.79			
124	Airgas, Inc.			0000		EFT	02/05/2025	9157061141		94014	100219	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105012	43100		GenEMS	PROSERVICE		41.10				
									41.10			
								CHECK TOTAL	124.99			
4302	Alexandra Hancock			0000		INV	01/23/2025	122324		94462	100766	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43200		GenPR	COMMTRANS		37.79				
									37.79			
4302	Alexandra Hancock			0000		INV	01/14/2025	121424		94463	100768	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43200		GenPR	COMMTRANS		19.77				
									19.77			
								CHECK TOTAL	57.56			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2603	Almost Home Kennel LL		0000		EFT	11/17/2024	35994		93516	99675	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10108012 43100		GenPatrol	PROSERVICE			148.00			
								148.00			
2603	Almost Home Kennel LL		0000		EFT	01/09/2025	36197		93549	99711	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10108012 43100		GenPatrol	PROSERVICE			148.00			
								148.00			
							CHECK TOTAL	296.00			
90	Amazon Web Services L		0000	22400507	EFT	01/31/2025	1988955669		93742	99928	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE			2,091.62			
	2	60606050 43100		SewIT	PROSERVICE			261.46			
	3	62606050 43100		SWIT	PROSERVICE			261.46			
	4	10106050 43100		GenIT	PROSERVICE			2,876.44			
	5	60606050 43100		SewIT	PROSERVICE			2,876.43			
	6	62606050 43100		SWIT	PROSERVICE			239.70			
								8,607.11			
							CHECK TOTAL	8,607.11			
808	Amazon.com LLC		0000		EFT	01/15/2025	1GJ4-7PTP-1VWQ		93394	99546	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			42.77			
								42.77			
808	Amazon.com LLC		0000		EFT	01/17/2025	1GHL-F6NY-QGWM		93424	99578	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 42200		GenPZ	OPERSUP			136.81			
								136.81			
808	Amazon.com LLC		0000		EFT	01/22/2025	1YCL-YT73-19JR		93425	99579	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 42200		GenPZ	OPERSUP			14.59			
								14.59			
808	Amazon.com LLC		0000		EFT	02/01/2025	1NJF-WFDN-MRT9		93428	99582	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 42200		GenPZ	OPERSUP			20.69			
								20.69			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	01/11/2025	1NML-NJ1M-QMYD		93474	99630	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 42200		GenHR	OPERSUP		51.70	51.70			
808	Amazon.com LLC	0000		EFT	01/18/2025	1FJL-3HKD-676Q		93512	99672	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSprpt	OPERSUP		51.64	51.64			
808	Amazon.com LLC	0000		EFT	01/26/2025	1XTM-HRVV-TDRD		93544	99706	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		174.04	174.04			
808	Amazon.com LLC	0000		EFT	01/16/2025	11PD-FLKD-J43Q		93552	99714	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSprpt	OPERSUP		57.60	57.60			
808	Amazon.com LLC	0000		EFT	02/02/2025	16KN-J33R-6LHT		93556	99718	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108013 42200		GenInvstgt	OPERSUP		43.98	43.98			
808	Amazon.com LLC	0000	22401079	EFT	01/29/2025	1CKV-X63R-JRXX		93609	99773	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		15.84	15.84			
808	Amazon.com LLC	0000	22401079	EFT	01/22/2025	1DR7-MWDL-4F46		93611	99775	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		103.33	103.33			
808	Amazon.com LLC	0000	22401079	EFT	01/18/2025	1FFP-XT4X-4HPN		93612	99776	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		22.79	22.79			
808	Amazon.com LLC	0000	22401418	EFT	09/26/2024	16H1-4DQY-GL4Q		93662	99846	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108013 42200		GenInvstgt	OPERSUP		89.44	89.44			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000		10100	APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	01/22/2025	1HP6-1TRK-6K4F		93665	99849	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10105012	42200	GenEMS	OPERSUP		135.92			
808	Amazon.com LLC	0000		EFT	01/29/2025	1KNR-NVRJ-1HX3		93666	99850	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10105013	42200	GenLogist	OPERSUP		45.97			
808	Amazon.com LLC	0000		EFT	01/18/2025	1KYN-9KYY-6C3K		93667	99851	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10105013	42200	GenLogist	OPERSUP		339.50			
808	Amazon.com LLC	0000		EFT	01/18/2025	1YWV-DDVD-11LH		93668	99852	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10105011	42200	GenFireAdm	OPERSUP		166.98			
808	Amazon.com LLC	0000		EFT	01/29/2025	14H9-J3LM-1JR9		93669	99853	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10105013	42200	GenLogist	OPERSUP		131.44			
808	Amazon.com LLC	0000		EFT	01/18/2025	16T6-WTQP-14L9		93670	99854	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10105016	42200	GenExAff	OPERSUP		143.92			
808	Amazon.com LLC	0000	22400834	EFT	01/22/2025	11HG-PYKX-341F		93736	99922	
	ACCOUNT DETAIL					LINE AMOUNT				
	1	10106050	42200	GenIT	OPERSUP		94.33			
	2	60606050	42200	SewIT	OPERSUP		94.33			
	3	62606050	42200	SWIT	OPERSUP		94.33			
	4	10106050	42200	GenIT	OPERSUP		88.00			
	5	60606050	42200	SewIT	OPERSUP		87.99			
	6	10106050	42200	GenIT	OPERSUP		323.98			
	7	10106050	42200	GenIT	OPERSUP		817.75			
							1,600.71			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22400834	EFT	02/05/2025	1RNV-RGH6-NHGT		93740	99926	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 42200		GenIT	OPERSUP		305.74				
	2 10106050 42200		GenIT	OPERSUP		333.00				
	3 21106050 42200		MHFIT	OPERSUP		479.88				
	4 10106050 42200		GenIT	OPERSUP		433.99				
							1,552.61			
808	Amazon.com LLC	0000	22401422	EFT	02/01/2025	1FHG-NL9X-H61F		93810	100001	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		26,975.17				
							26,975.17			
808	Amazon.com LLC	0000	22401422	EFT	02/02/2025	1JX1-XYGV-CWH3		93812	100003	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		65.50				
							65.50			
808	Amazon.com LLC	0000	22401422	EFT	01/15/2025	1N1H-MYHX-1QXJ		93813	100004	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		261.03				
							261.03			
808	Amazon.com LLC	0000	22401422	EFT	02/01/2025	1VTL-GWYR-FV41		93814	100005	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		18,063.95				
							18,063.95			
808	Amazon.com LLC	0000	22401422	EFT	01/04/2025	11HK-4JVC-VX69		93815	100006	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		344.66				
							344.66			
808	Amazon.com LLC	0000	22401422	EFT	01/19/2025	143N-HMGG-J3XV		93816	100007	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		379.26				
							379.26			
808	Amazon.com LLC	0000		EFT	02/07/2025	17PP-HK9M-C6MN		93837	100029	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 42200		GenFireAdm	OPERSUP		60.14				
							60.14			
808	Amazon.com LLC	0000		EFT	01/21/2025	1WX9-R3NK-YYQD		93862	100056	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		67.22				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	01/19/2025	1PJX-RRJL-F3RK	67.22	93864	100058	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101013 42200		GenContr	OPERSUP			12.39			
808	Amazon.com LLC	0000		EFT	01/26/2025	1PNP-YHFF-R1GQ	12.39	93866	100060	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP			20.55			
808	Amazon.com LLC	0000		EFT	02/02/2025	1RNV-RGH6-7VMW	20.55	93870	100064	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101013 42200		GenContr	OPERSUP			31.96			
808	Amazon.com LLC	0000		EFT	02/08/2025	11XN-CRFR-LC76	31.96	93898	100093	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP			74.61			
808	Amazon.com LLC	0000		EFT	02/08/2025	1NRJ-J4CR-JC1Y	74.61	93911	100107	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP			71.04			
	2 10108013 42200		GenInvstgt	OPERSUP			97.95			
808	Amazon.com LLC	0000		EFT	01/09/2025	16CV-FD4N-RK1R	168.99	93933	100131	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 42200		GenPR	OPERSUP			26.48			
808	Amazon.com LLC	0000		EFT	01/10/2025	1WCT-QJMN-FRKN	26.48	93935	100133	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP			66.52			
808	Amazon.com LLC	0000		EFT	01/10/2025	1VJC-7L63-GTN1	66.52	93936	100134	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP			8.57			
808	Amazon.com LLC	0000		EFT	01/15/2025	1GVQ-K4GK-7467	8.57	93941	100139	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP			13.46			
							13.46			

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
808	Amazon.com LLC	0000		EFT	01/15/2025	17C7-PG4T-9YVG		93942	100140		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 42200		GenFndCS	OPERSUP		7.97					
							7.97				
808	Amazon.com LLC	0000		EFT	01/15/2025	144N-DKC9-9Q36		93945	100143		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 42200		GenFndCS	OPERSUP		142.34					
							142.34				
808	Amazon.com LLC	0000		EFT	01/15/2025	19V9-JD1W-1RK1		93946	100144		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 42200		GenFndCS	OPERSUP		42.44					
							42.44				
808	Amazon.com LLC	0000		EFT	01/15/2025	1D47-Q3PX-19DT		93951	100151		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101016 42200		GenPR	OPERSUP		66.53					
							66.53				
808	Amazon.com LLC	0000		EFT	01/18/2025	13LM-YDKN-3PYN		93953	100154		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 42200		GenMayorOf	OPERSUP		249.52					
							249.52				
808	Amazon.com LLC	0000		EFT	02/01/2025	1K4G-Q6WH-GTR4		93996	100200		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-218.99					
							-218.99				
808	Amazon.com LLC	0000		EFT	02/08/2025	1GHN-LP3J-JNKC		94007	100211		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		95.88					
							95.88				
808	Amazon.com LLC	0000		EFT	02/12/2025	1P11-NDW6-94XJ		94015	100220		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 42200		GenFireAdm	OPERSUP		60.16					
							60.16				
808	Amazon.com LLC	0000		EFT	02/12/2025	11DQ-NWML-F3GF		94200	100420		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105016 42200		GenExAff	OPERSUP		59.11					
							59.11				

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/12/2025	1LV6-P4F4-HYQ7		94201	100421	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42200		GenSafeTr	OPERSUP		108.96	108.96			
808	Amazon.com LLC	0000		EFT	02/12/2025	1VJF-X946-FF3J		94202	100422	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105016 42200		GenExAff	OPERSUP		8.99	8.99			
808	Amazon.com LLC	0000		EFT	02/13/2025	1GQ6-NTVK-NLQJ		94215	100435	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNT	OPERSUP		423.76	423.76			
808	Amazon.com LLC	0000		EFT	02/13/2025	1Y9N-H733-TQWR		94249	100469	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		723.98	723.98			
808	Amazon.com LLC	0000		EFT	02/12/2025	1TPQ-9KPV-GGW4		94250	100470	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		46.61	46.61			
808	Amazon.com LLC	0000		EFT	02/13/2025	1YQV-7QWY-LJHL		94251	100471	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/13/2025	14NH-46PL-MCLH		94252	100472	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/13/2025	17JP-KGQK-QGGD		94253	100473	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/07/2025	1RWW-6YWY-CTGM		94291	100591	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		291.18				
	2 10108013 42200		GenInvstgt	OPERSUP		9.59				
	3 10108012 42200		GenPatrol	OPERSUP		590.37				
							891.14			

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/13/2025	1VKF-CNCM-RGWW		94293	100513	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP		38.87	38.87			
808	Amazon.com LLC	0000		EFT	02/07/2025	1YV9-6J3V-7JV1		94294	100593	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		152.72	152.72			
808	Amazon.com LLC	0000		EFT	02/12/2025	14F1-X3X9-HN3Q		94305	100526	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		153.21	153.21			
808	Amazon.com LLC	0000		EFT	02/12/2025	1HYH-M94R-H1TH		94306	100527	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		669.00	669.00			
808	Amazon.com LLC	0000		EFT	02/12/2025	11GF-6R14-DVVQ		94307	100528	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		67.67	67.67			
808	Amazon.com LLC	0000		EFT	02/14/2025	1Q6K-JHJL-13LM		94395	100697	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		97.53	97.53			
808	Amazon.com LLC	0000		EFT	02/14/2025	1V7C-19KK-WYJ7		94396	100698	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/14/2025	1LRH-T7Y7-11P9		94397	100699	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/14/2025	13NH-MHLQ-XJ69		94398	100700	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-251.91	-251.91			

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/15/2025	1Y33-63Y9-CW9P		94423	100725	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 42200		MNCPLHDFNDPERSUP			199.98	199.98			
808	Amazon.com LLC	0000		EFT	02/14/2025	1XXR-C37X-13WV		94497	100804	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS OPERSUP			14.61	14.61			
808	Amazon.com LLC	0000		EFT	02/08/2025	11XN-CRFR-L1F3		94498	100805	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD OPERSUP			13.57	13.57			
808	Amazon.com LLC	0000		EFT	02/15/2025	19V9-DT3H-CJTH		94499	100806	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS OPERSUP			11.40	11.40			
808	Amazon.com LLC	0000		EFT	02/08/2025	1LGP-X7QD-LNGR		94500	100807	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD OPERSUP			446.99	446.99			
808	Amazon.com LLC	0000		EFT	02/14/2025	1QWM-LGFF-1PHX		94503	100812	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD OPERSUP			181.50	181.50			
808	Amazon.com LLC	0000		EFT	02/15/2025	1Y9N-GWJD-DHHF		94519	100769	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108013 42200		GenInvstgt OPERSUP			154.98	154.98			
808	Amazon.com LLC	0000		EFT	02/09/2025	1ypm-l3wn-t94k		94528	100836	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 42200		GenPI OPERSUP			147.45	147.45			
808	Amazon.com LLC	0000		EFT	02/16/2025	1N37-PC7N-N9DJ		94552	100861	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNOPERSUP			9.42	9.42			

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
808	Amazon.com LLC	0000		EFT	02/19/2025	16Q9-Q4KR-6NX6		94571	100881		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		614.51					
	2 10108015 42200		GenPDSpprt	OPERSUP		743.56					
							1,358.07				
808	Amazon.com LLC	0000		EFT	02/17/2025	1IMXY-K4T3-31NH		94602	100912		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-27.99					
							-27.99				
808	Amazon.com LLC	0000		EFT	02/17/2025	1TWT-KPW3-YLMG		94603	100914		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-23.69					
							-23.69				
808	Amazon.com LLC	0000		EFT	02/17/2025	1VWD-1FFM-XX7G		94605	100915		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-14.84					
							-14.84				
808	Amazon.com LLC	0000		EFT	02/20/2025	111T-K174-JGLF		94615	100926		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		64.34					
							64.34				
						CHECK TOTAL	57,193.61				
808	Amazon.com LLC	0000	22201233	EFT	01/19/2025	1VP7-1PH9-DKNL		93459	99614		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60604010 42200		SewEng	OPERSUP		26.10					
	2 62604010 42200		SWEng	OPERSUP		46.76					
							72.86				
						CHECK TOTAL	72.86				
808	Amazon.com LLC	0000	22201233	EFT	01/29/2025	1CRX-LQVX-1FFV		93653	99818		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60604010 42200		SewEng	OPERSUP		25.71					
	2 62604010 42200		SWEng	OPERSUP		46.07					
							71.78				
						CHECK TOTAL	71.78				

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WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC		0000	22201233	EFT	02/12/2025	13C9-KHX4-GHXT		94138	100355	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60604010 42200		SewEng	OPERSUP		9.67				
	2	62604010 42200		SWEng	OPERSUP		17.32				
								26.99			
							CHECK TOTAL	26.99			
2476	American Legal Publis		0000		EFT	01/15/2025	39060		93947	100146	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101011 43100		GenMayorOf	PROSERVICE		500.00				
								500.00			
							CHECK TOTAL	500.00			
3891	American National Red		0000		EFT	02/15/2025	22751264		94612	100922	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10107010 43100		GenParks	PROSERVICE		282.00				
								282.00			
							CHECK TOTAL	282.00			
36	American United Life		0000		INV	01/28/2025	20241201DS		94290	100503	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101015 43100		GenHR	PROSERVICE		400.00				
								400.00			
36	American United Life		0000		INV	01/28/2025	20241201AR01		94291	100511	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101015 43100		GenHR	PROSERVICE		1,442.50				
								1,442.50			
							CHECK TOTAL	1,842.50			
4596	Amilia Technologies U		0000		EFT	01/30/2025	1570079		93733	99919	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101012 43100		GenBSG	PROSERVICE		1,432.74				
								1,432.74			
							CHECK TOTAL	1,432.74			
817	AMS Mechanical Servic		0000	22301285	EFT	02/14/2025	1417364		94294	100514	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 43100		SewPWWater	PROSERVICE		374.05				

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WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							374.05			
						CHECK TOTAL	374.05			
2754	Amy Crell	0000	22401404	INV	01/13/2025	121324		93395	99547	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 42200		GenPR	OPERSUP			17.73			
	2 10101016 42200		GenPR	OPERSUP			4.74			
							22.47			
						CHECK TOTAL	22.47			
2468	Andrew R Mork	0000	22500034	EFT	01/18/2025	2158		93952	100153	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43100		GenPR	PROSERVICE			16,300.00			
							16,300.00			
						CHECK TOTAL	16,300.00			
5106	ANDRUS, MARY	0000		INV	02/13/2025	94149		94149	100368	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES			124.00			
							124.00			
						CHECK TOTAL	124.00			
5150	Anthony Valerio	0000		INV	02/12/2025	81820refund		94402	100704	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNT	OPERSUP			17.11			
							17.11			
						CHECK TOTAL	17.11			
243	Apparatus Service Co	0000		EFT	10/20/2024	51324		93588	99751	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE			85.00			
							85.00			
						CHECK TOTAL	85.00			
393	Applied Concepts, Inc	0000	22401024	EFT	01/03/2025	448970		93545	99707	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 42200		GenFleet	OPERSUP			8,703.75			
							8,703.75			

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WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	8,703.75			
3788	Applied Engineering S	0000	22500078	EFT	01/26/2025	24-156-00-2415602		94634	100951	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		6,650.00				
							6,650.00			
						CHECK TOTAL	6,650.00			
4284	Avive Solutions Inc	0000	22401314	EFT	01/30/2025	INV6528		93701	99886	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		7,182.23				
							7,182.23			
						CHECK TOTAL	7,182.23			
566	Axon Enterprise Inc	0000	22500039	EFT	01/09/2025	INUS305109		93873	100067	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 42200		GenFleet	OPERSUP		5,967.90				
							5,967.90			
						CHECK TOTAL	5,967.90			
5107	BAKER, ERIC D.	0000		INV	02/13/2025	94152		94152	100371	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		62.00				
							62.00			
						CHECK TOTAL	62.00			
670	Bardach Awards, Inc.	0000		EFT	01/16/2025	334697		93949	100148	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		455.00				
							455.00			
						CHECK TOTAL	455.00			
1144	Barnes & Thornburg, L	0000	22400201	EFT	01/10/2025	3348680		93937	100135	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		6,215.96				
	2 60601011 43100		SewMayor	PROSERVICE		1,666.60				
	3 62601011 43100		SWMayor	PROSERVICE		450.44				
							8,333.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1144	Barnes & Thornburg, L			0000	22400201	EFT	01/15/2025	3349048		93939	100137	
ACCOUNT DETAIL								LINE AMOUNT				
	1	10101011	43100		GenMayorOf	PROSERVICE			2,237.84			
	2	60601011	43100		SewMayor	PROSERVICE			600.00			
	3	62601011	43100		SWMayor	PROSERVICE			162.16			
									3,000.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	01/15/2025	3349056		93940	100138	
ACCOUNT DETAIL								LINE AMOUNT				
	1	10101011	43100		GenMayorOf	PROSERVICE			2,237.84			
	2	60601011	43100		SewMayor	PROSERVICE			600.00			
	3	62601011	43100		SWMayor	PROSERVICE			162.16			
									3,000.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	01/15/2025	3349668		93944	100142	
ACCOUNT DETAIL								LINE AMOUNT				
	1	10101011	43100		GenMayorOf	PROSERVICE			5,602.05			
	2	60601011	43100		SewMayor	PROSERVICE			1,502.00			
	3	62601011	43100		SWMayor	PROSERVICE			405.95			
									7,510.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	02/08/2025	3360215		93974	100174	
ACCOUNT DETAIL								LINE AMOUNT				
	1	10101011	43100		GenMayorOf	PROSERVICE			6,215.96			
	2	60601011	43100		SewMayor	PROSERVICE			1,666.60			
	3	62601011	43100		SWMayor	PROSERVICE			450.44			
									8,333.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	02/12/2025	3361505		94124	100339	
ACCOUNT DETAIL								LINE AMOUNT				
	1	10101011	43100		GenMayorOf	PROSERVICE			2,237.84			
	2	60601011	43100		SewMayor	PROSERVICE			600.00			
	3	62601011	43100		SWMayor	PROSERVICE			162.16			
									3,000.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	02/12/2025	3361508		94125	100340	
ACCOUNT DETAIL								LINE AMOUNT				
	1	10101011	43100		GenMayorOf	PROSERVICE			2,237.84			
	2	60601011	43100		SewMayor	PROSERVICE			600.00			
	3	62601011	43100		SWMayor	PROSERVICE			162.16			
									3,000.00			
CHECK TOTAL									36,176.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
584	BBC Pump & Equipment		0000	22500070	EFT	02/07/2025	30090180		94638	100955	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 43100		SewPWWaterPROSERVICE			2,103.00				
								2,103.00			
							CHECK TOTAL	2,103.00			
2764	BEC Enterprises LLC		0000	22500072	EFT	01/16/2025	INV30392		94637	100954	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			688.42				
	2	62609014 43100		SWPWWater PROSERVICE			2,244.00				
								2,932.42			
							CHECK TOTAL	2,932.42			
4313	Becky Wassermann		0000		EFT	03/01/2025	8		94226	100446	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10107010 43100		GenParks PROSERVICE			1,600.00				
								1,600.00			
							CHECK TOTAL	1,600.00			
5026	BELLING, ERIC & MOLLY		0000		INV	02/13/2025	94150		94150	100369	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60600000 34900		Sew USERFEES			31.00				
								31.00			
							CHECK TOTAL	31.00			
592	Bernath LLC		0000	22401262	EFT	12/26/2024	75948-0001A		93867	100061	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 44400		GenPWParks IMPROTHBUI			15,989.00				
								15,989.00			
							CHECK TOTAL	15,989.00			
608	BL Anderson Co., Inc.		0000	22401273	EFT	02/19/2025	034593		94574	100884	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 42200		SewPWWaterOPERSUP			1,003.15				
								1,003.15			
							CHECK TOTAL	1,003.15			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
373	Bound Tree Medical, L	0000		EFT	01/12/2025	85591077		93671	99855	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,190.71	1,190.71			
373	Bound Tree Medical, L	0000		EFT	01/15/2025	85592388		93672	99856	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		162.87	162.87			
373	Bound Tree Medical, L	0000		EFT	01/17/2025	85595860		93673	99857	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		823.67	823.67			
373	Bound Tree Medical, L	0000		EFT	01/18/2025	85597375		93674	99858	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,811.56	1,811.56			
373	Bound Tree Medical, L	0000		EFT	01/25/2025	85601956		93675	99859	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,010.36	1,010.36			
373	Bound Tree Medical, L	0000		EFT	01/26/2025	85603915		93773	99959	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		9.30	9.30			
373	Bound Tree Medical, L	0000		EFT	01/26/2025	85603916		93774	99960	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,753.29	1,753.29			
373	Bound Tree Medical, L	0000		EFT	01/26/2025	85603917		93775	99961	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,176.00	1,176.00			
373	Bound Tree Medical, L	0000		EFT	01/29/2025	85605189		93776	99962	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		335.70	335.70			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
373	Bound Tree Medical, L	0000		EFT	01/29/2025	85605190		93777	99963		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		400.13	400.13				
373	Bound Tree Medical, L	0000		EFT	02/02/2025	85610807		93838	100030		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		973.30	973.30				
373	Bound Tree Medical, L	0000		EFT	02/02/2025	85610808		93839	100031		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		441.94	441.94				
373	Bound Tree Medical, L	0000		EFT	01/30/2025	85607124		93840	100032		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,899.99	1,899.99				
373	Bound Tree Medical, L	0000		EFT	02/01/2025	85609177		94016	100221		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,831.01	1,831.01				
373	Bound Tree Medical, L	0000		EFT	02/05/2025	85612355		94017	100223		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		34.29	34.29				
						CHECK TOTAL	13,854.12				
1704	Lisa Bradford	0000		INV	01/13/2025	93973		93973	100175		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60601013 43200		SewContr	COMMTRANS		417.92					
	2 62601013 43200		SWContr	COMMTRANS		200.00					
							617.92				
						CHECK TOTAL	617.92				
632	Brehob Corporation	0000	22500002	EFT	01/09/2025	I-00014815		93768	99954		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		883.88					
	2 60609014 43100		SewPWWater	PROSERVICE		3,691.75					
							4,575.63				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
632	Brehob Corporation			0000	22500073	EFT	01/22/2025	I-00015504		94639	100956	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWaterPROSERVICE			4,460.00	4,460.00			
632	Brehob Corporation			0000	22301365	EFT	12/13/2024	I-00015620		94664	100986	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP			23,820.24	23,820.24			
								CHECK TOTAL	32,855.87			
5124	BRIGGS, AARON J.			0000		INV	02/13/2025	94169		94169	100388	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES		44.17	44.17			
								CHECK TOTAL	44.17			
5108	BRINES, LORI			0000		INV	02/13/2025	94153		94153	100372	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES		88.67	88.67			
								CHECK TOTAL	88.67			
567	Buckeye Power Sales C			0000	22400785	EFT	01/29/2025	PSV400823		93575	99737	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWaterPROSERVICE			190.00	190.00			
567	Buckeye Power Sales C			0000	22400785	EFT	01/29/2025	PSV400824		93576	99738	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWaterPROSERVICE			450.00	450.00			
567	Buckeye Power Sales C			0000	22400785	EFT	01/29/2025	PSV400825		93580	99742	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWaterPROSERVICE			150.00	150.00			
567	Buckeye Power Sales C			0000	22400785	EFT	01/30/2025	PSV400944		93582	99744	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWaterPROSERVICE			170.00	170.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400945		93584	99746	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			250.00				
							250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400946		93585	99747	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			320.00				
							320.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400947		93586	99749	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			355.00				
							355.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401178		93589	99752	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			190.00				
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401179		93590	99753	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			170.00				
							170.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401180		93591	99754	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			270.00				
							270.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401181		93594	99758	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			250.00				
							250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401182		93595	99759	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			332.50				
							332.50			
567	Buckeye Power Sales C	0000	22400785	EFT	02/02/2025	PSV401233		93596	99760	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			330.00				
							330.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22400785	EFT	02/02/2025	PSV401235		93598	99762	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			250.00				
							250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/02/2025	PSV401236		93599	99763	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			200.00				
							200.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401477		93601	99765	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			170.00				
							170.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401478		93603	99767	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			170.00				
							170.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401479		93604	99768	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			200.00				
							200.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401542		93710	99894	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			115.30				
							115.30			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401543		93714	99899	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			668.95				
							668.95			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401566		93717	99902	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			190.00				
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401567		93721	99906	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			170.00				
							170.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401568		93722	99907	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			200.00				
							200.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/09/2025	PSV402540		93987	100189	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			107.50				
	2 60609014 42200		SewPWWaterOPERSUP			215.00				
							322.50			
567	Buckeye Power Sales C	0000	22400785	EFT	02/12/2025	PSV402595		93999	100203	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			270.00				
							270.00			
						CHECK TOTAL	6,354.25			
737	Butler, Fairman & Seu	0000	22401086	EFT	01/16/2025	106669		93456	99611	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20104010 43100		MVHEng PROSERVICE			396.00				
	2 60604010 43100		SewEng PROSERVICE			264.00				
							660.00			
						CHECK TOTAL	660.00			
737	Butler, Fairman & Seu	0000	22401326	EFT	01/16/2025	106670		93806	99997	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60804010 44200		SwConstENGINFRSTR			1,689.80				
							1,689.80			
						CHECK TOTAL	1,689.80			
737	Butler, Fairman & Seu	0000	22401130	EFT	01/11/2025	106595		94512	100819	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 42224010 44920		2021 GO EN CAPEXP			3,200.00				
							3,200.00			
						CHECK TOTAL	3,200.00			
737	Butler, Fairman & Seu	0000	22401130	EFT	01/11/2025	106596		94518	100827	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 42224010 44920		2021 GO EN CAPEXP			2,717.21				
	2 42224010 44920		2021 GO EN CAPEXP			7,862.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							10,580.00			
						CHECK TOTAL	10,580.00			
5121	BUTTY, SABAH	0000		INV	02/13/2025	94166		94166	100385	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			79.58			
							79.58			
						CHECK TOTAL	79.58			
2441	BW Construction LLC	0000	22400398	EFT	01/22/2025	20240410		93363	99514	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100	GenMayorOf		PROSERVICE			5,227.27			
							5,227.27			
2441	BW Construction LLC	0000		EFT	01/22/2025	20230722		93377	99529	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 44391011 43100	ECNDEVMY		PROSERVICE			18,518.00			
							18,518.00			
						CHECK TOTAL	23,745.27			
5141	CAIRNS, PATRICK	0000		INV	02/13/2025	94186		94186	100406	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			62.00			
							62.00			
						CHECK TOTAL	62.00			
2424	CallTower Inc	0000		EFT	02/15/2025	202313892		93743	99929	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100	GenIT		PROSERVICE			754.87			
							754.87			
						CHECK TOTAL	754.87			
3854	Carmel Trucking LLC	0000		EFT	02/01/2025	25-1275		94128	100344	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20209011 43100	LRSPWSTRTPROSERVICE					375.00			
							375.00			
						CHECK TOTAL	375.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
831	CC&T Construction Co,		0000		EFT	01/02/2025	Pay#03		93461	99617	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10101013 44920		GenContr	CAPEXP			4,670.00				
								4,670.00			
							CHECK TOTAL	4,670.00			
703	CDW Government, Inc.		0000		EFT	01/15/2025	AB9PL2U		93744	99930	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE			905.86				
								905.86			
							CHECK TOTAL	905.86			
920	Central Supply Compan		0000		EFT	01/30/2025	S101169313.001		93848	100042	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNPERSUP				1,059.85				
								1,059.85			
							CHECK TOTAL	1,059.85			
1734	Certified Consultants		0000		EFT	01/29/2025	1283		93527	99686	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE			1,820.00				
								1,820.00			
							CHECK TOTAL	1,820.00			
691	Christopher B Burke E		0000	22300637	EFT	02/12/2025	36707		94482	100789	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 62609014 43100		SWPWWater	PROSERVICE			611.25				
								611.25			
							CHECK TOTAL	611.25			
691	Christopher B Burke E		0000	22400606	EFT	01/03/2025	36203		94613	100923	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60854010 43100		SWRCPTENG	PROSERVICE			660.00				
								660.00			
							CHECK TOTAL	660.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000		10100	APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
828	Church, Church, Hittl		0000		EFT	01/18/2025	312929		93432	99586	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10101014 43100			GenEcon	PROSERVICE			1,303.50			
								1,303.50			
828	Church, Church, Hittl		0000	22400196	EFT	01/05/2025	312747		93938	100136	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 27021011 43100			DEFMAYOR	PROSERVICE			2,667.80			
								2,667.80			
							CHECK TOTAL	3,971.30			
714	Cintas Corporation No		0000		EFT	01/26/2025	5246414604		93420	99574	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20106191 42200			MVHICSR	OPERSUP			816.62			
								816.62			
							CHECK TOTAL	816.62			
714	Cintas Corporation No		0000		EFT	01/29/2025	5246600001		93449	99603	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10106193 42200			GFICPKSMN	OPERSUP			251.66			
								251.66			
							CHECK TOTAL	251.66			
714	Cintas Corporation No		0000		EFT	01/18/2025	5245312001		93510	99665	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10108015 42200			GenPDSpprt	OPERSUP			261.96			
								261.96			
							CHECK TOTAL	261.96			
714	Cintas Corporation No		0000		EFT	01/07/2025	4215049975		93514	99673	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10108011 43100			GenPDAdmin	PROSERVICE			140.54			
								140.54			
							CHECK TOTAL	140.54			
714	Cintas Corporation No		0000		EFT	01/30/2025	5246840208		93581	99743	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10106010 42200			GenFleet	OPERSUP			138.62			
								138.62			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	138.62			
714	Cintas Corporation No	0000		EFT	02/03/2025	4216780183		93587	99750	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE		95.26				
							95.26			
						CHECK TOTAL	95.26			
714	Cintas Corporation No	0000		EFT	01/27/2025	4216103918		93592	99756	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE		95.26				
							95.26			
						CHECK TOTAL	95.26			
714	Cintas Corporation No	0000		EFT	01/10/2025	4215050004		93676	99860	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 43100		GenFireAdm	PROSERVICE		56.93				
							56.93			
						CHECK TOTAL	56.93			
714	Cintas Corporation No	0000		EFT	01/10/2025	4216418937		93677	99861	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 43100		GenFireAdm	PROSERVICE		56.93				
							56.93			
						CHECK TOTAL	56.93			
714	Cintas Corporation No	0000		EFT	02/07/2025	4217216864		93881	100075	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		38.34				
							38.34			
						CHECK TOTAL	38.34			
714	Cintas Corporation No	0000		EFT	02/07/2025	4217216902		93882	100076	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		84.03				
							84.03			
						CHECK TOTAL	84.03			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	02/07/2025	4217216946		93883	100077	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		52.66				
									52.66			
								CHECK TOTAL	52.66			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217217308		93884	100078	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		115.37				
									115.37			
								CHECK TOTAL	115.37			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217217217		93885	100079	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		125.07				
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217217303		93886	100080	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		36.25				
									36.25			
								CHECK TOTAL	36.25			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217214166		93887	100081	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		63.73				
									63.73			
								CHECK TOTAL	63.73			
714	Cintas Corporation No			0000		EFT	02/10/2025	4217510339		93957	100158	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	43100		GenFleet	PROSERVICE		95.26				
									95.26			
								CHECK TOTAL	95.26			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/06/2025	5243059706		93991	100193	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP		258.61				
									258.61			
								CHECK TOTAL	258.61			
714	Cintas Corporation No			0000		EFT	01/18/2025	5245040307		93993	100196	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP		230.70				
									230.70			
								CHECK TOTAL	230.70			
714	Cintas Corporation No			0000		EFT	02/08/2025	5248030302		94009	100213	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP		210.51				
									210.51			
								CHECK TOTAL	210.51			
714	Cintas Corporation No			0000		EFT	01/15/2025	5244635606		94048	100261	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP		378.11				
									378.11			
								CHECK TOTAL	378.11			
714	Cintas Corporation No			0000		EFT	02/01/2025	5247058905		94049	100262	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP		328.39				
									328.39			
								CHECK TOTAL	328.39			
714	Cintas Corporation No			0000		EFT	01/19/2025	4216419256		94050	100263	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		115.37				
									115.37			
								CHECK TOTAL	115.37			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025

DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/19/2025	4216419279		94051	100264	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 10109012 43100				GenPWBuild	PROSERVICE		36.25				
								CHECK TOTAL	36.25			
									36.25			
									36.25			
714	Cintas Corporation No			0000		EFT	01/19/2025	4216418916		94052	100265	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 10109012 43100				GenPWBuild	PROSERVICE		38.34				
								CHECK TOTAL	38.34			
									38.34			
									38.34			
714	Cintas Corporation No			0000		EFT	01/19/2025	4216419253		94053	100266	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 10109012 43100				GenPWBuild	PROSERVICE		125.07				
								CHECK TOTAL	125.07			
									125.07			
									125.07			
714	Cintas Corporation No			0000		EFT	01/19/2025	4216418995		94054	100267	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 10109012 43100				GenPWBuild	PROSERVICE		52.66				
								CHECK TOTAL	52.66			
									52.66			
									52.66			
714	Cintas Corporation No			0000		EFT	01/16/2025	4216103984		94055	100268	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 10109012 43100				GenPWBuild	PROSERVICE		89.74				
								CHECK TOTAL	89.74			
									89.74			
									89.74			
714	Cintas Corporation No			0000		EFT	01/16/2025	4216104022		94057	100270	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 10109013 43100				GenPWParks	PROSERVICE		180.08				
								CHECK TOTAL	180.08			
									180.08			
									180.08			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050066		94059	100272	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		52.66				
									52.66			
								CHECK TOTAL	52.66			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050336		94060	100273	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		115.37				
									115.37			
								CHECK TOTAL	115.37			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050333		94061	100274	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		36.25				
									36.25			
								CHECK TOTAL	36.25			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215049965		94062	100275	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		38.34				
									38.34			
								CHECK TOTAL	38.34			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050250		94063	100276	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		125.07				
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	02/09/2025	4217510471		94064	100277	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE		187.96				
									187.96			
								CHECK TOTAL	187.96			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	02/09/2025	4217510454		94065	100278	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			119.44			
									119.44			
								CHECK TOTAL	119.44			
714	Cintas Corporation No			0000		EFT	02/09/2025	4217510541		94066	100279	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20109011	43100		MVHPWStr	PROSERVICE			240.57			
									240.57			
								CHECK TOTAL	240.57			
714	Cintas Corporation No			0000		EFT	01/18/2025	5245312003		94067	100280	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			78.67			
									78.67			
								CHECK TOTAL	78.67			
714	Cintas Corporation No			0000		EFT	01/22/2025	4216780313		94068	100281	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20109011	43100		MVHPWStr	PROSERVICE			240.57			
									240.57			
								CHECK TOTAL	240.57			
714	Cintas Corporation No			0000		EFT	01/22/2025	4216780241		94069	100282	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE			221.51			
									221.51			
								CHECK TOTAL	221.51			
714	Cintas Corporation No			0000		EFT	01/22/2025	4216780207		94070	100283	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			89.74			
									89.74			
								CHECK TOTAL	89.74			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/15/2025	4216104021		94097	100311	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20109011	43100		MVHPWStr	PROSERVICE		240.57				
									240.57			
								CHECK TOTAL	240.57			
714	Cintas Corporation No			0000		EFT	02/10/2025	4217995789		94210	100430	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105011	43100		GenFireAdm	PROSERVICE		56.93				
									56.93			
								CHECK TOTAL	56.93			
714	Cintas Corporation No			0000		EFT	02/15/2025	5249298308		94442	100745	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10108015	42200		GenPDSpprt	OPERSUP		283.71				
									283.71			
								CHECK TOTAL	283.71			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217995785		94449	100752	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		38.34				
									38.34			
								CHECK TOTAL	38.34			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217996122		94450	100753	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		125.07				
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217996144		94451	100754	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		36.25				
									36.25			
								CHECK TOTAL	36.25			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR	REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK		
714 Cintas Corporation No	0000		EFT	02/14/2025	4217996081		94452	100756			
ACCOUNT DETAIL					LINE AMOUNT						
1 10109012 43100		GenPWBuild	PROSERVICE		115.37						
						115.37					
					CHECK TOTAL	115.37					
714 Cintas Corporation No	0000		EFT	01/12/2025	4215743220		94453	100757			
ACCOUNT DETAIL					LINE AMOUNT						
1 10109012 43100		GenPWBuild	PROSERVICE		52.66						
						52.66					
					CHECK TOTAL	52.66					
714 Cintas Corporation No	0000		EFT	01/12/2025	4215743174		94454	100758			
ACCOUNT DETAIL					LINE AMOUNT						
1 10109012 43100		GenPWBuild	PROSERVICE		38.34						
						38.34					
					CHECK TOTAL	38.34					
714 Cintas Corporation No	0000		EFT	01/12/2025	4215743462		94455	100759			
ACCOUNT DETAIL					LINE AMOUNT						
1 10109012 43100		GenPWBuild	PROSERVICE		125.07						
						125.07					
					CHECK TOTAL	125.07					
714 Cintas Corporation No	0000		EFT	01/12/2025	4215743466		94456	100760			
ACCOUNT DETAIL					LINE AMOUNT						
1 10109012 43100		GenPWBuild	PROSERVICE		115.37						
						115.37					
					CHECK TOTAL	115.37					
714 Cintas Corporation No	0000		EFT	01/12/2025	4215743467		94457	100761			
ACCOUNT DETAIL					LINE AMOUNT						
1 10109012 43100		GenPWBuild	PROSERVICE		36.25						
						36.25					
					CHECK TOTAL	36.25					

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025

DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/18/2025	5245312002		94464	100770	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	PERSUP		331.73				
									331.73			
								CHECK TOTAL	331.73			
714	Cintas Corporation No			0000		EFT	02/15/2025	4217995897		94465	100772	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		52.66				
									52.66			
								CHECK TOTAL	52.66			
714	Cintas Corporation No			0000		EFT	01/19/2025	4215378351		94467	100773	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE		196.58				
									196.58			
								CHECK TOTAL	196.58			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217995767		94520	100828	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10108011	43100		GenPDAdmin	PROSERVICE		140.54				
									140.54			
								CHECK TOTAL	140.54			
714	Cintas Corporation No			0000		EFT	01/14/2025	4215904911		94561	100871	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		63.73				
									63.73			
								CHECK TOTAL	63.73			
714	Cintas Corporation No			0000		EFT	02/17/2025	4218271784		94573	100883	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	43100		GenFleet	PROSERVICE		95.26				
									95.26			
								CHECK TOTAL	95.26			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
714	Cintas Corporation No	0000		EFT	11/15/2024	4208476558		94623	100937		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		45.34					
						CHECK TOTAL	45.34				
							45.34				
							45.34				
714	Cintas Corporation No	0000		EFT	02/15/2025	5249298307		94641	100958		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNDPERSUP			380.90					
						CHECK TOTAL	380.90				
							380.90				
							380.90				
3885	CivicPlus LLC	0000	22500014	EFT	01/30/2025	326025		94095	100310		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		3,575.40					
							3,575.40				
3885	CivicPlus LLC	0000	22500054	EFT	04/03/2025	327638		94607	100917		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		48,592.28					
							48,592.28				
3885	CivicPlus LLC	0000	22500055	EFT	03/28/2025	326484		94608	100918		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		17,325.00					
							17,325.00				
						CHECK TOTAL	69,492.68				
							69,492.68				
1568	Carrie Clark	0000		INV	01/22/2025	047650		93364	99515		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101013 42200		GenContr	OPERSUP		58.40					
							58.40				
						CHECK TOTAL	58.40				
							58.40				
5148	COCHRAN, TAMRA M	0000		INV	02/14/2025	94192		94192	100412		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		3,364.44					
							3,364.44				
						CHECK TOTAL	3,364.44				
							3,364.44				

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Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2650	Community Health Netw	0000	22400112	EFT	12/30/2024	FIN-008044		93563	99725	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		2,500.00				
							2,500.00			
2650	Community Health Netw	0000		EFT	02/12/2025	EHS-001839		94292	100512	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 43100		GenHR	PROSERVICE		1,767.50				
							1,767.50			
2650	Community Health Netw	0000	22400112	EFT	01/31/2025	FIN-008158		94636	100953	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		2,500.00				
							2,500.00			
						CHECK TOTAL	6,767.50			
680	Crossroad Engineers,	0000	22400019	EFT	02/01/2025	242069		93793	99980	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100		SWPWWater	PROSERVICE		1,253.50				
							1,253.50			
						CHECK TOTAL	1,253.50			
2485	Crown Castle Internat	0000	22400888	EFT	12/30/2024	1699509		93454	99608	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		2,127.38				
	2 60606050 43100		SewIT	PROSERVICE		265.92				
	3 62606050 43100		SWIT	PROSERVICE		265.92				
	4 10106050 43100		GenIT	PROSERVICE		2,468.14				
	5 60606050 43100		SewIT	PROSERVICE		1,645.42				
							6,772.78			
2485	Crown Castle Internat	0000	22401397	EFT	01/30/2025	1729696		93745	99931	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		4,522.44				
	2 60606050 43100		SewIT	PROSERVICE		3,014.97				
							7,537.41			
						CHECK TOTAL	14,310.19			
4829	Culligan Ultrapure In	0000		EFT	02/08/2025	0900682296		93909	100104	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWater	OPERSUP		86.42				

Report generated: 01/23/2025 10:28:08
User: Carrie Clark (clarkc)
Program ID: apwarrnt

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4829	Culligan Ultrapure In	0000		EFT	02/12/2025	0900683647	86.42	94077	100292	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101013 43100		GenContr	PROSERVICE			34.34			
	2 10101017 43100		GenFndCS	PROSERVICE			34.34			
	3 10102010 43100		GenClerk	PROSERVICE			34.33			
							103.01			
						CHECK TOTAL	189.43			
4993	Cultivate Geospatial	0000	22401083	EFT	02/02/2025	FINSP2		93746	99932	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE			3,000.00			
	2 60606050 43100		SewIT	PROSERVICE			1,250.00			
	3 62606050 43100		SWIT	PROSERVICE			750.00			
							5,000.00			
						CHECK TOTAL	5,000.00			
2645	CureMD.com, Inc	0000		EFT	01/31/2025	500162069		94091	100306	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27155058 43100		HDVFC	PROSERVICE			1,019.00			
							1,019.00			
						CHECK TOTAL	1,019.00			
811	Current Publishing LL	0000	22500018	EFT	02/25/2025	79580		93992	100194	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43300		GenPR	PRINTADVER			6,407.00			
							6,407.00			
811	Current Publishing LL	0000	22500018	EFT	12/29/2024	78810		94258	100478	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43300		GenPR	PRINTADVER			4,159.00			
							4,159.00			
						CHECK TOTAL	10,566.00			
2435	CVK LLC	0000		EFT	02/01/2025	2/25 Rent		94004	100207	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 47140000 43700		FishersI69	RENTALS			36,719.15			
							36,719.15			
						CHECK TOTAL	36,719.15			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5133	DAVIS BUILDING GROUP	0000		INV	02/13/2025	94178		94178	100397	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES		83.56				
							83.56			
						CHECK TOTAL	83.56			
5144	DELLINGER, NOLAN & EM	0000		INV	02/13/2025	94189		94189	100409	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES		31.00				
							31.00			
						CHECK TOTAL	31.00			
962	Design & Build Corpor	0000	22401026	EFT	01/18/2025	7087		94392	100694	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100	GenPWBuild	PROSERVICE			6,302.00				
							6,302.00			
962	Design & Build Corpor	0000		EFT	10/30/2024	7055		94403	100705	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100	GenPWBuild	PROSERVICE			1,544.00				
							1,544.00			
962	Design & Build Corpor	0000	22500077	EFT	10/30/2024	7054		94631	100947	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100	GenPWBuild	PROSERVICE			2,232.00				
							2,232.00			
						CHECK TOTAL	10,078.00			
935	Don Hinds Ford, Inc.	0000		EFT	01/30/2025	128046		93820	100011	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 44920	MNCPLHDFNDAPEXP				2,233.62				
	2 21205058 44920	CHD	CAPEXP			30,622.63				
							32,856.25			
						CHECK TOTAL	32,856.25			
1047	Donohue & Associates	0000	22400012	EFT	02/03/2025	14469-05		93542	99702	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100	SewPWWater	PROSERVICE			1,552.00				
							1,552.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	1,552.00			
3720	DOXIM UTILITEC LLC	0000		EFT	01/30/2025	INV028396		94616	100927	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601016 43300		SewPR	PRINTADVER		676.50				
	2 60601013 43100		SewContr	PROSERVICE		3,759.79				
							4,436.29			
3720	DOXIM UTILITEC LLC	0000		EFT	01/30/2025	1224P		94617	100928	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601013 43100		SewContr	PROSERVICE		9,879.97				
							9,879.97			
						CHECK TOTAL	14,316.26			
5119	DYVIG, SCOTT & KELLY	0000		INV	02/13/2025	94164		94164	100383	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		79.58				
							79.58			
						CHECK TOTAL	79.58			
1052	E&B Paving, Incorpora	0000		EFT	02/07/2025	Pay#04-141PL-SR37		94136	100353	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 37804010 44920		SR37PRJENGCAPEXP			347,248.91				
							347,248.91			
						CHECK TOTAL	347,248.91			
1052	E&B Paving, Incorpora	0000		EFT	02/07/2025	Pay#05-141PL-SR37		94137	100354	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 37804010 44920		SR37PRJENGCAPEXP			25,730.98				
							25,730.98			
						CHECK TOTAL	25,730.98			
4535	EAM Solutions LLC	0000	22401076	EFT	01/30/2025	H912502		94094	100309	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601012 43100		BSGSWR	PROSERVICE		1,050.00				
							1,050.00			
						CHECK TOTAL	1,050.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3636	Eckart LLC	0000		EFT	01/25/2025	S101217302.001		93427	99581	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		291.43	291.43			
3636	Eckart LLC	0000		EFT	02/25/2025	S101227566.001		93849	100043	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		325.71	325.71			
3636	Eckart LLC	0000		EFT	02/25/2025	S1012228050.001		94121	100334	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		213.01	213.01			
						CHECK TOTAL	830.15			
476	Element Materials Tec	0000		EFT	01/11/2025	24-167183		93522	99681	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		130.60	130.60			
476	Element Materials Tec	0000		EFT	01/17/2025	24-167452		93555	99717	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		165.00	165.00			
						CHECK TOTAL	295.60			
1186	Elwood Fire Equipment	0000		EFT	01/18/2025	75935		93518	99677	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 43100		GenPDSprpt	PROSERVICE		162.00	162.00			
						CHECK TOTAL	162.00			
3280	EMBR Designs LLC	0000		EFT	01/20/2025	0000268		93955	100156	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 43100		GenFndCS	PROSERVICE		500.00	500.00			
						CHECK TOTAL	500.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3187	Engledow Inc		0000	22401406	EFT	12/30/2024	627466		93600	99764	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE				10,560.00			
								10,560.00			
							CHECK TOTAL	10,560.00			
1028	Environmental Laborat		0000		EFT	02/13/2025	20410898		94495	100802	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE				105.00			
								105.00			
							CHECK TOTAL	105.00			
5103	EPPERT, SALLY N.		0000		INV	02/13/2025	94146		94146	100365	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 62600000 34900		SW	USERFEES				79.92			
								79.92			
							CHECK TOTAL	79.92			
5115	EPPERT, SALLY N.		0000		INV	02/13/2025	94160		94160	100379	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES				79.58			
								79.58			
							CHECK TOTAL	79.58			
4480	Eric S Willett		0000		EFT	01/27/2025	1019		94235	100455	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE				675.00			
								675.00			
							CHECK TOTAL	675.00			
514	EWT Holdings III Corp		0000	22400667	EFT	02/07/2025	906799141		93524	99683	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP					16,019.00			
								16,019.00			
514	EWT Holdings III Corp		0000	22401088	EFT	02/15/2025	906811960		93529	99688	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP					1,277.32			
	2 60609014 42200		SewPWWaterOPERSUP					14,256.13			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
514	EWT Holdings III Corp	0000	22401088	EFT	02/22/2025	906826581	15,533.45	93605	99769	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP				15,923.55			
514	EWT Holdings III Corp	0000	22401088	EFT	02/25/2025	906828379	15,923.55	93752	99938	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP				15,948.45			
514	EWT Holdings III Corp	0000	22401088	EFT	02/25/2025	906828382	15,948.45	93761	99947	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP				15,923.55			
						CHECK TOTAL	79,348.00			
3168	Expo Arts LLC	0000		EFT	02/08/2025	Bal-1312		93831	100023	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE			1,895.51			
						CHECK TOTAL	1,895.51			
4097	Extreme Outdoor Solut	0000		EFT	12/12/2024	9070		94537	100845	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE			25.00			
						CHECK TOTAL	25.00			
1228	Federal Field Service	0000	22400158	EFT	01/29/2025	S-12928		93728	99912	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE			6,579.00			
	2 10109012 43100		GenPWBuild	PROSERVICE			0.00			
						CHECK TOTAL	6,579.00			
1182	Fineline Graphics Inc	0000		EFT	01/30/2025	165604		94020	100225	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43300		GenPR	PRINTADVER			3,474.00			
							3,474.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	3,474.00			
3088	FlashParking Inc	0000		EFT	01/02/2025	INV1034390		93734	99920	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		568.90				
							568.90			
						CHECK TOTAL	568.90			
5132	FOSTER, DIANE	0000		INV	02/13/2025	94177		94177	100396	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	39.79			
239	Frank Giesecking	0000		EFT	02/17/2025	0104849-IN		93995	100199	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		20.00				
							20.00			
239	Frank Giesecking	0000		EFT	02/10/2025	0104791-IN		94424	100726	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		20.00				
							20.00			
239	Frank Giesecking	0000		EFT	03/07/2025	0104915-IN		94628	100944	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		40.00				
							40.00			
						CHECK TOTAL	80.00			
2358	Fredericks Inc	0000	22400914	EFT	11/29/2024	5743-24		93547	99709	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		8,100.00				
							8,100.00			
2358	Fredericks Inc	0000	22301381	EFT	11/30/2024	5746-24		94027	100238	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 40209012 44400		CCDBLDGMTIMPROTHBUI			13,945.00				
							13,945.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2358	Fredericks Inc	0000	22301381	EFT	12/12/2024	5770-24		94028	100241	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 40209012 44400		CCDBLDGMTIMPROTHBUI			7,600.00				
							7,600.00			
						CHECK TOTAL	29,645.00			
1196	Frey Water Conditioni	0000		EFT	02/07/2025	113422380		93854	100048	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		25.98				
							25.98			
						CHECK TOTAL	25.98			
1196	Frey Water Conditioni	0000		EFT	01/04/2025	113031871		93997	100201	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		41.75				
							41.75			
						CHECK TOTAL	41.75			
1196	Frey Water Conditioni	0000		EFT	02/08/2025	113337995		94460	100764	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		60.80				
							60.80			
						CHECK TOTAL	60.80			
1230	Fuller Engineering Co	0000	22401114	EFT	01/19/2025	24-8547		94417	100719	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		3,120.00				
							3,120.00			
						CHECK TOTAL	3,120.00			
1289	Garners Family Enterp	0000		EFT	02/06/2025	301832-1		94240	100460	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		411.00				
							411.00			
						CHECK TOTAL	411.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
4659	GHA Technologies Inc	0000		EFT	01/16/2025	11444679		93748	99934		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		969.00	969.00				
4659	GHA Technologies Inc	0000		EFT	01/18/2025	11445381		93749	99935		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60606050 42200		SewIT	OPERSUP		841.00	841.00				
4659	GHA Technologies Inc	0000		EFT	01/18/2025	11446146		93750	99936		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		969.00	969.00				
4659	GHA Technologies Inc	0000		EFT	01/19/2025	11446145		93791	99977		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21106050 42200		MHFIT	OPERSUP		1,577.00	1,577.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/05/2025	11447869		94562	100872		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		3,350.00	3,350.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/05/2025	11447872		94564	100874		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		1,675.00	1,675.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/07/2025	11448519		94565	100876		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		774.00	774.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/06/2025	11448187		94568	100878		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		1,425.00	1,425.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/06/2025	11448189		94569	100879		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		1,750.00	1,750.00				
						CHECK TOTAL	13,330.00				

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Detail Invoice List

WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1300	GIS Planning Inc	0000	22500047	EFT	03/07/2025	2120937661		94606	100916	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		10,685.00				
							10,685.00			
						CHECK TOTAL	10,685.00			
4951	GM Development Compan	0000	22401325	EFT	02/06/2025	Pay#04-Metro Airport		93807	99998	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60804010 44200		SwConstENG	INFRSTR		22,108.10				
	2 60804010 44200		SwConstENG	INFRSTR		68,581.29				
	3 60604010 43100		SewEng	PROSERVICE		0.01				
							90,689.40			
						CHECK TOTAL	90,689.40			
1745	Gordon Plumbing	0000		EFT	01/19/2025	307930		94428	100731	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		1,984.00				
							1,984.00			
						CHECK TOTAL	1,984.00			
770	Grimco Inc	0000		EFT	01/30/2025	3355103301		93501	99660	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		424.81				
							424.81			
770	Grimco Inc	0000		EFT	02/05/2025	33561962-01		93800	99990	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		1,701.70				
							1,701.70			
770	Grimco Inc	0000		EFT	02/05/2025	33561963-01		93801	99991	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		1,033.03				
							1,033.03			
						CHECK TOTAL	3,159.54			

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WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4301	GuidePoint Security L		0000	22500036	EFT	02/12/2025	INV099557		94079	100295	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE			7,583.78			
	2	60606050 43100		SewIT	PROSERVICE			860.00			
	3	62606050 43100		SWIT	PROSERVICE			430.00			
								8,873.78			
							CHECK TOTAL	8,873.78			
3435	Gurney J Bush Inc		0000		EFT	01/09/2025	57777		94254	100475	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			1,000.00			
								1,000.00			
							CHECK TOTAL	1,000.00			
4899	HAE Fields LLC		0000		EFT	02/16/2025	1297		94521	100829	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	27055010 43100		FireGrant	PROSERVICE			494.87			
								494.87			
							CHECK TOTAL	494.87			
3798	Hageman Investments L		0000	22400265	EFT	02/09/2025	2024L		93989	100191	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			3,800.33			
								3,800.33			
							CHECK TOTAL	3,800.33			
1447	Hagerman Inc		0000	22401408	EFT	02/06/2025	AR211846Q04		94144	100363	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20109011 44400		MVHPWStr	IMPROTHBUI			23,140.00			
								23,140.00			
							CHECK TOTAL	23,140.00			
5140	HAIRSTON, ANTONIO E.		0000		INV	02/13/2025	94185		94185	100405	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60600000 34900		Sew	USERFEES			31.00			
								31.00			
							CHECK TOTAL	31.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1575	Kara Hall	0000		INV	01/19/2025	121924		94466	100771	
ACCOUNT DETAIL						LINE AMOUNT				
1	10101016 43200		GenPR	COMMTRANS		29.55				
						CHECK TOTAL	29.55			
							29.55			
1446	Hamilton County Treas	0000		INV	02/01/2025	DEC24DEFERRAL		93418	99572	
ACCOUNT DETAIL						LINE AMOUNT				
1	27021011 43100		DEFMAYOR	PROSERVICE		810.00				
						CHECK TOTAL	810.00			
							810.00			
1431	Hamilton Southeastern	0000	22401246	EFT	01/31/2025	12312024		93828	100020	
ACCOUNT DETAIL						LINE AMOUNT				
1	20106010 42221		MVHFleet	FUEL		3,629.51				
2	10106010 42221		GenFleet	FUEL		3,272.04				
3	60606010 42221		SewFleet	FUEL		187.71				
4	62606010 42221		SWFleet	FUEL		497.41				
						CHECK TOTAL	7,586.67			
							7,586.67			
5136	HARNISH, CRAIG & AMY	0000		INV	02/13/2025	94181		94181	100400	
ACCOUNT DETAIL						LINE AMOUNT				
1	60600000 34900		Sew	USERFEES		79.58				
						CHECK TOTAL	79.58			
							79.58			
3718	HD Supply Inc	0000	22301286	EFT	01/15/2025	INV00569242		93564	99726	
ACCOUNT DETAIL						LINE AMOUNT				
1	60609014 42200		SewPWWaterOPERSUP			457.18				
							457.18			
3718	HD Supply Inc	0000	22301286	EFT	01/15/2025	INV00569193		93565	99728	
ACCOUNT DETAIL						LINE AMOUNT				
1	60609014 42200		SewPWWaterOPERSUP			458.00				
							458.00			
3718	HD Supply Inc	0000	22301286	EFT	01/15/2025	INV00569384		93566	99729	
ACCOUNT DETAIL						LINE AMOUNT				
1	60609014 42200		SewPWWaterOPERSUP			484.31				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3718	HD Supply Inc	0000	22301286	EFT	01/15/2025	INV00569134	484.31	93569	99731		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			496.23					
							496.23				
3718	HD Supply Inc	0000	22301286	EFT	02/05/2025	INV00583990		93738	99924		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			229.86					
	2 60609014 42200		SewPWWaterOPERSUP			264.11					
							493.97				
3718	HD Supply Inc	0000	22400407	EFT	02/05/2025	INV00584057		93739	99925		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			477.91					
							477.91				
3718	HD Supply Inc	0000	22400407	EFT	02/12/2025	INV00590789		94078	100293		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			3,273.18					
							3,273.18				
3718	HD Supply Inc	0000	22400407	EFT	02/16/2025	INV00596426		94560	100870		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			21.90					
							21.90				
						CHECK TOTAL	6,162.68				
1484	Heinzman Lights at Ni	0000		EFT	01/17/2025	171224		93860	100054		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks PROSERVICE			750.00					
							750.00				
						CHECK TOTAL	750.00				
5125	HENDERSON, GREGORY &	0000		INV	02/13/2025	94170		94170	100389		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		39.79					
							39.79				
						CHECK TOTAL	39.79				

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
844	Heritage Crystal Clea	0000		EFT	02/12/2025	19106068		94434	100732	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		1,810.07				
							1,810.07			
844	Heritage Crystal Clea	0000		EFT	01/16/2025	19076106		94436	100739	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		1,907.03				
							1,907.03			
844	Heritage Crystal Clea	0000		EFT	02/12/2025	19107029		94439	100741	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		856.87				
							856.87			
						CHECK TOTAL	4,573.97			
3361	Heritage Landscape Su	0000	22401405	EFT	01/02/2025	0018414848-001		93511	99671	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 44910		GenParks	NOINFAS		32,138.75				
							32,138.75			
						CHECK TOTAL	32,138.75			
136	Hewlett-Packard Finan	0000	22500026	EFT	01/07/2025	100000649208		93789	99975	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		45,022.18				
	2 60606050 43100		SewIT	PROSERVICE		3,501.72				
	3 62606050 43100		SWIT	PROSERVICE		1,500.74				
							50,024.64			
						CHECK TOTAL	50,024.64			
1412	Hoosier Fire Equipmen	0000		EFT	12/27/2024	121713		93681	99865	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		1,085.25				
							1,085.25			
1412	Hoosier Fire Equipmen	0000		EFT	12/28/2024	121729		93682	99866	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42200		GenSafeTr	OPERSUP		889.00				
							889.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1412	Hoosier Fire Equipmen	0000		EFT	12/30/2024	121765		93683	99867	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		597.00				
							597.00			
1412	Hoosier Fire Equipmen	0000	22400574	EFT	12/29/2024	121743		93708	99892	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		5,925.85				
							5,925.85			
1412	Hoosier Fire Equipmen	0000		EFT	01/19/2025	121857		94019	100224	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105014 42200		GenSpecOps	OPERSUP		855.00				
							855.00			
1412	Hoosier Fire Equipmen	0000		EFT	01/23/2025	121876		94117	100332	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		1,245.40				
							1,245.40			
						CHECK TOTAL	10,597.50			
708	Hoosier Portable Rest	0000		EFT	02/01/2025	69207		94248	100468	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,640.00				
							1,640.00			
708	Hoosier Portable Rest	0000		EFT	01/31/2025	69208		94297	100517	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 43100		GenSafeTr	PROSERVICE		200.00				
							200.00			
708	Hoosier Portable Rest	0000		EFT	01/31/2025	69209		94506	100815	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		480.00				
							480.00			
						CHECK TOTAL	2,320.00			
5055	Hoosier Tent & Party	0000	22401407	EFT	01/07/2025	27491-8		93597	99761	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		12,503.00				
							12,503.00			
						CHECK TOTAL	12,503.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3127	Hoover Enterprises In			0000	22401127	EFT	01/28/2025	HF197896A		93392	99544	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106193	42200		GFICPKSMNTOPERSUP			15,098.40				
									15,098.40			
								CHECK TOTAL	15,098.40			
5138	HULL, ROGER & MARY			0000		INV	02/13/2025	94183		94183	100402	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES		31.00				
									31.00			
								CHECK TOTAL	31.00			
1429	Humane Society For Ha			0000		EFT	12/25/2024	4025		93692	99876	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10108015	43100		GenPDSpprt	PROSERVICE		63.00				
									63.00			
								CHECK TOTAL	63.00			
2770	Incentive Services In			0000		EFT	12/30/2024	00123451		93954	100155	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101017	43100		GenFndCS	PROSERVICE		384.51				
									384.51			
2770	Incentive Services In			0000		EFT	01/30/2025	00123809		94496	100803	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101017	42200		GenFndCS	OPERSUP		2,654.25				
									2,654.25			
								CHECK TOTAL	3,038.76			
1596	Indiana Association o			0000		EFT	02/09/2025	Henke2025		93928	100125	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10102100	43100		GenCourt	PROSERVICE		50.00				
									50.00			
								CHECK TOTAL	50.00			
1701	Indiana Association o			0000		EFT	02/15/2025	2025Bolon		94529	100837	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10103011	43100		GenPI	PROSERVICE		65.00				
									65.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1701	Indiana Association o	0000		EFT	02/15/2025	2025Steinhauer		94530	100838		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103011 43100		GenPI	PROSERVICE		65.00					
							65.00				
1701	Indiana Association o	0000		EFT	02/15/2025	2025EGwinn		94531	100839		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103011 43100		GenPI	PROSERVICE		65.00					
							65.00				
1701	Indiana Association o	0000		EFT	02/15/2025	2025Findlay		94532	100840		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103011 43100		GenPI	PROSERVICE		65.00					
							65.00				
1701	Indiana Association o	0000		EFT	02/15/2025	2025MGwinn		94533	100841		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103011 43100		GenPI	PROSERVICE		65.00					
							65.00				
1701	Indiana Association o	0000		EFT	02/15/2025	2025Suchy		94534	100842		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103011 43100		GenPI	PROSERVICE		65.00					
							65.00				
1701	Indiana Association o	0000		EFT	02/15/2025	2025Holland		94536	100844		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103011 43100		GenPI	PROSERVICE		65.00					
							65.00				
						CHECK TOTAL	455.00				
1785	Indiana Chamber of Co	0000		EFT	01/16/2025	5000883708		93998	100198		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43100		GenMayorOf	PROSERVICE		875.00					
							875.00				
						CHECK TOTAL	875.00				
861	Indiana Health Inform	0000	22500040	EFT	01/31/2025	10664		94025	100230		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 43100		GenEMS	PROSERVICE		2,571.00					
							2,571.00				
						CHECK TOTAL	2,571.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1543	Indiana Oxygen Compan	0000		EFT	12/29/2024	10530336		93577	99739		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		88.20	88.20				
1543	Indiana Oxygen Compan	0000		EFT	01/30/2025	10552300		94021	100226		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 43100		GenEMS	PROSERVICE		189.72	189.72				
1543	Indiana Oxygen Compan	0000		EFT	01/30/2025	10552263		94132	100349		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			47.12	47.12				
1543	Indiana Oxygen Compan	0000		EFT	01/12/2025	10540371		94379	100681		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		594.16	594.16				
1543	Indiana Oxygen Compan	0000		EFT	01/03/2025	10535819		94508	100816		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		1,091.66	1,091.66				
1543	Indiana Oxygen Compan	0000		EFT	01/03/2025	10535825		94510	100820		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		607.48	607.48				
1543	Indiana Oxygen Compan	0000		EFT	01/22/2025	10544017		94513	100822		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		393.71	393.71				
1543	Indiana Oxygen Compan	0000		EFT	01/22/2025	10544021		94514	100823		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		493.58	493.58				
1543	Indiana Oxygen Compan	0000		EFT	02/09/2025	10557519		94515	100824		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		343.18	343.18				

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1543	Indiana Oxygen Compan	0000		EFT	02/09/2025	10557526		94516	100825		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		596.51					
						596.51					
						CHECK TOTAL	4,445.32				
1790	Indiana Park And Recr	0000		EFT	01/31/2025	37164		94231	100451		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43200		GenParks	COMMTRANS		336.00					
						336.00					
						CHECK TOTAL	336.00				
2399	Indiana Testing Inc	0000		EFT	01/12/2025	131434		93523	99682		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			65.00					
						65.00					
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132131		93526	99685		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			5.00					
						5.00					
2399	Indiana Testing Inc	0000		EFT	01/26/2025	134354		93538	99698		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 43100		SWPWWater PROSERVICE			160.00					
						160.00					
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132128		93613	99777		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		25.00					
						25.00					
2399	Indiana Testing Inc	0000		EFT	02/16/2025	135916		94485	100792		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 43100		SWPWWater PROSERVICE			130.00					
						130.00					
2399	Indiana Testing Inc	0000		EFT	01/12/2025	131435		94645	100963		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr	PROSERVICE		195.00					
						195.00					

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Detail Invoice List

WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2399	Indiana Testing Inc		0000		EFT	01/12/2025	131433		94646	100965	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE		65.00				
							CHECK TOTAL	65.00			
								645.00			
793	Indiana Underground P		0000		EFT	02/09/2025	INV-10406		94538	100846	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62603011 43100		SWPI	PROSERVICE		1,925.65				
							CHECK TOTAL	1,925.65			
								1,925.65			
3492	Indiana Underground C		0000		EFT	01/03/2025	0089		93872	100066	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE		1,350.00				
							CHECK TOTAL	1,350.00			
								1,350.00			
2025	Indianapolis Interpre		0000		EFT	02/08/2025	ON433863		94566	100875	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 43100		GenPZ	PROSERVICE		240.00				
							CHECK TOTAL	240.00			
								240.00			
2093	Infor (US), Inc		0000	22500010	EFT	01/17/2025	P-8455-US06A		93735	99921	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101012 43100		GenBSG	PROSERVICE		3,632.69				
							CHECK TOTAL	3,632.69			
								3,632.69			
2104	Innovative Edit Inc		0000		EFT	01/30/2025	2024479		94018	100222	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101016 43100		GenPR	PROSERVICE		2,737.00				
							CHECK TOTAL	2,737.00			
								2,737.00			
								2,737.00			

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WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
733	Innovative Integratio	0000	22401368	EFT	01/11/2025	45781		93751	99937	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		5,706.40				
	2 60606050 43100		SewIT	PROSERVICE		713.30				
	3 62606050 43100		SWIT	PROSERVICE		713.30				
							7,133.00			
733	Innovative Integratio	0000	22401367	EFT	01/25/2025	45753		93943	100141	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		6.83				
	2 10106050 43100		GenIT	PROSERVICE		1,209.90				
	3 10106050 43100		GenIT	PROSERVICE		6,869.10				
	4 10106050 43100		GenIT	PROSERVICE		74.17				
							8,160.00			
						CHECK TOTAL	15,293.00			
4395	International Festiva	0000		EFT	02/19/2025	102050-2025		94298	100519	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,995.00				
							1,995.00			
						CHECK TOTAL	1,995.00			
4390	Itpipes Opco LLC	0000	22500056	EFT	02/18/2025	B2404		94609	100919	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601012 43100		BSGSWR	PROSERVICE		13,000.00				
							13,000.00			
						CHECK TOTAL	13,000.00			
32	Jack Doheny Companies	0000	22401270	EFT	02/24/2025	252439		93977	100179	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		777.80				
							777.80			
						CHECK TOTAL	777.80			
4532	James Dunbar	0000		EFT	02/01/2025	010225		93818	100008	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,379.95				
							1,379.95			
						CHECK TOTAL	1,379.95			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3953	James P Hallett	0000		EFT	02/01/2025	2/25 Ambassador		94008	100212	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 44391011 43100		ECNDEVMY	PROSERVICE		7,500.00				
							7,500.00			
						CHECK TOTAL	7,500.00			
3256	Jeffery Meyer	0000	22401255	EFT	02/02/2025	01022025-1		93551	99713	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		7,667.42				
							7,667.42			
3256	Jeffery Meyer	0000	22401253	EFT	02/02/2025	01022025-4		93778	99964	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 42200		GenFleet	OPERSUP		17,712.95				
							17,712.95			
3256	Jeffery Meyer	0000		EFT	01/31/2025	044140		93780	99966	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE		87.20				
							87.20			
3256	Jeffery Meyer	0000		EFT	01/31/2025	044153		93781	99967	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60606010 43100		SewFleet	PROSERVICE		116.28				
							116.28			
3256	Jeffery Meyer	0000	22401265	EFT	02/02/2025	01022025		93805	99996	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 42200		MVHFleet	OPERSUP		30,000.00				
	2 20106010 42200		MVHFleet	OPERSUP		5,433.81				
							35,433.81			
3256	Jeffery Meyer	0000	22401256	EFT	02/02/2025	01022025-2		93808	99999	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE		16,782.50				
	2 10106010 43100		GenFleet	PROSERVICE		2,462.85				
							19,245.35			
3256	Jeffery Meyer	0000	22500021	EFT	02/02/2025	01022025-3		93811	100002	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60606010 42200		SewFleet	OPERSUP		5,030.03				
							5,030.03			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3256	Jeffery Meyer			0000		EFT	01/10/2025	043994		93861	100055	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			13.90			
									13.90			
3256	Jeffery Meyer			0000		EFT	02/06/2025	044204		93972	100173	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60606010	43100		SewFleet	PROSERVICE			97.65			
									97.65			
3256	Jeffery Meyer			0000	22401223	EFT	02/03/2025	044183		93975	100176	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60606010	42200		SewFleet	OPERSUP			20.77			
									20.77			
3256	Jeffery Meyer			0000		EFT	02/07/2025	044215		94026	100231	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	43100		GenFleet	PROSERVICE			1,416.97			
									1,416.97			
3256	Jeffery Meyer			0000	22401255	EFT	02/06/2025	044206		94029	100242	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	43100		MVHFleet	PROSERVICE			3,758.14			
									3,758.14			
3256	Jeffery Meyer			0000	22401255	EFT	02/03/2025	044181		94031	100244	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	43100		MVHFleet	PROSERVICE			1,296.91			
									1,296.91			
3256	Jeffery Meyer			0000	22401255	EFT	02/06/2025	044205		94033	100246	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	43100		MVHFleet	PROSERVICE			237.17			
									237.17			
3256	Jeffery Meyer			0000	22401255	EFT	02/06/2025	044207		94035	100248	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	43100		MVHFleet	PROSERVICE			200.58			
									200.58			
3256	Jeffery Meyer			0000	22401253	EFT	02/13/2025	01132025-1		94076	100291	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	42200		GenFleet	OPERSUP			9,316.87			
	2	10106010	42200		GenFleet	OPERSUP			3,093.77			
									12,410.64			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3256	Jeffery Meyer	0000	22401263	EFT	02/13/2025	01132025		94134	100351		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 42200		MVHFleet	OPERSUP		12,993.70					
							12,993.70				
3256	Jeffery Meyer	0000		EFT	02/08/2025	044226		94523	100831		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		429.60					
							429.60				
3256	Jeffery Meyer	0000		EFT	12/21/2024	043898		94524	100832		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		310.24					
							310.24				
3256	Jeffery Meyer	0000		EFT	01/27/2025	044109		94525	100833		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		63.21					
							63.21				
3256	Jeffery Meyer	0000		EFT	01/11/2025	044051		94526	100834		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		151.92					
							151.92				
						CHECK TOTAL	118,694.44				
878	Jennifer C Messer PC	0000	22400198	EFT	02/05/2025	DEC2024_CIRDA		93969	100170		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43101		GenMayorOf	LGLSVCS		6,428.58					
	2 60601011 43101		SewMayor	LGLSVCS		3,571.42					
							10,000.00				
878	Jennifer C Messer PC	0000	22500033	EFT	02/06/2025	DEC2024		93970	100171		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43101		GenMayorOf	LGLSVCS		12,857.14					
	2 60601011 43101		SewMayor	LGLSVCS		7,142.86					
							20,000.00				
						CHECK TOTAL	30,000.00				
5147	Joseph Mattick	0000		EFT	01/17/2025	24110501		94383	100685		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43100		GenMayorOf	PROSERVICE		500.00					
							500.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	500.00			
245	Joseph P Benjamin	0000		EFT	01/18/2025	41679		93709	99893	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP			304.00				
						CHECK TOTAL	304.00			
4398	Kacy Brobst	0000		INV	01/20/2025	122024		93643	99808	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 43200		MNCPLHDFNDOMMTRANS			51.40				
						CHECK TOTAL	51.40			
5116	KASSNER, MICHAEL & ER	0000		INV	02/13/2025	94161		94161	100380	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew	USERFEES			39.79				
						CHECK TOTAL	39.79			
4518	Keystone Cooperative	0000	22401224	EFT	01/25/2025	201604101		93618	99782	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 42221	MVHFleet	FUEL			2,910.26				
							2,910.26			
4518	Keystone Cooperative	0000	22401224	EFT	01/25/2025	201604102		93619	99783	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 42221	MVHFleet	FUEL			1,758.35				
							1,758.35			
4518	Keystone Cooperative	0000	22401224	EFT	02/25/2025	201604371		93621	99785	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 42221	MVHFleet	FUEL			1,071.25				
							1,071.25			
4518	Keystone Cooperative	0000	22401224	EFT	01/25/2025	201604319		93622	99787	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 42221	MVHFleet	FUEL			1,317.83				
							1,317.83			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604534		94365	100666	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			1,922.63			
									1,922.63			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604461		94366	100667	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			3,100.55			
									3,100.55			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604462		94367	100668	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			2,368.07			
									2,368.07			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604635		94368	100669	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			4,069.29			
									4,069.29			
4518	Keystone Cooperative			0000	22401224	EFT	01/25/2025	201603863		94393	100696	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			3,481.02			
									3,481.02			
4518	Keystone Cooperative			0000	22500058	EFT	02/25/2025	201302695		94558	100868	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	42200		GenFleet	OPERSUP			16,871.49			
	2	20106010	42200		MVHFleet	OPERSUP			1,207.98			
	3	60606010	42200		SewFleet	OPERSUP			727.65			
	4	62606010	42200		SWFleet	OPERSUP			73.98			
									18,881.10			
4518	Keystone Cooperative			0000	22500052	EFT	01/25/2025	201302450		94559	100869	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	42221		GenFleet	FUEL			16,694.16			
	2	20106010	42221		MVHFleet	FUEL			1,730.60			
	3	60606010	42221		SewFleet	FUEL			1,161.62			
	4	62606010	42221		SWFleet	FUEL			355.64			
									19,942.02			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4518	Keystone Cooperative			0000	22401222	EFT	01/25/2025	201302254		94570	100880	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	42221		GenFleet	FUEL			7,581.53			
	2	10106010	42221		GenFleet	FUEL			10,924.88			
	3	20106010	42221		MVHFleet	FUEL			1,290.90			
	4	60606010	42221		SewFleet	FUEL			1,020.38			
	5	62606010	42221		SWFleet	FUEL			204.29			
									21,021.98			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604694		94599	100910	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			4,819.60			
									4,819.60			
								CHECK TOTAL	86,663.95			
5128	KINNER, SCOTT & JANNA			0000		INV	02/13/2025	94173		94173	100392	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES			79.58			
									79.58			
								CHECK TOTAL	79.58			
150	Kirby Risk Corporatio			0000		EFT	01/31/2025	S210655450.005		93437	99590	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			58.76			
									58.76			
150	Kirby Risk Corporatio			0000		EFT	01/31/2025	S210655450.004		93438	99592	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			82.08			
									82.08			
150	Kirby Risk Corporatio			0000		EFT	09/30/2024	S210490501.001		93440	99594	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			250.62			
									250.62			
150	Kirby Risk Corporatio			0000		EFT	01/31/2025	S210655450.001		93443	99597	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			885.21			
									885.21			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
150	Kirby Risk Corporatio	0000	22301376	EFT	01/31/2025	S210647636.001		93530	99689		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			8,644.02					
							8,644.02				
150	Kirby Risk Corporatio	0000		EFT	01/31/2025	S210649668.001		93554	99716		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			445.21					
							445.21				
150	Kirby Risk Corporatio	0000		EFT	09/30/2024	S210366282.001A		93729	99914		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			23.82					
							23.82				
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210669057.001		93846	100038		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			84.23					
							84.23				
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210655450.006		93903	100098		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			167.94					
							167.94				
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210674040.001		94214	100434		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			162.73					
							162.73				
						CHECK TOTAL	10,804.62				
150	Kirby Risk Corporatio	0000		EFT	01/31/2025	S210655450.003		93442	99596		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			157.28					
							157.28				
						CHECK TOTAL	157.28				
722	Kistner Enterprises I	0000		EFT	02/09/2025	94944		94363	100662		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 43300		GenFireAdm PRINTADVER			121.23					
							121.23				
						CHECK TOTAL	121.23				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5130	KITTLESON, BRYAN & KA	0000		INV	02/13/2025	94175		94175	100394	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	39.79			
117	Kleen-It Group, Inc	0000	22400526	EFT	01/15/2025	86251		93869	100063	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		3,365.48				
	2 10109012 43100		GenPWBuild	PROSERVICE		12,117.90				
	3 21105058 43100		MNCPLHDFNB	PROSERVICE		1,320.00				
							16,803.38			
117	Kleen-It Group, Inc	0000	22400045	EFT	01/15/2025	86252		94385	100687	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		45,971.50				
	2 10109012 43100		GenPWBuild	PROSERVICE		1,999.00				
	3 10109012 43100		GenPWBuild	PROSERVICE		779.50				
	4 10109012 43100		GenPWBuild	PROSERVICE		0.00				
							48,750.00			
117	Kleen-It Group, Inc	0000		EFT	01/31/2025	86305		94471	100778	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		850.00				
							850.00			
						CHECK TOTAL	66,403.38			
4839	KM Specialty Pumps In	0000	22401271	EFT	01/17/2025	45146		93571	99733	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		1,000.00				
							1,000.00			
4839	KM Specialty Pumps In	0000	22401271	EFT	02/15/2025	45419		94418	100720	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		1,000.00				
							1,000.00			
						CHECK TOTAL	2,000.00			
975	Knox Associates Inc	0000	22500041	EFT	01/02/2025	INV-KA-356263		94096	100312	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		2,749.00				

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Detail Invoice List

WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100		APCash					AMOUNT	DOCUMENT	VOUCHER	CHECK
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE				
							2,749.00			
						CHECK TOTAL	2,749.00			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG067		94369	100670	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			207.90			
							207.90			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG065		94370	100671	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			277.20			
							277.20			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG066		94371	100672	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			138.60			
							138.60			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG068		94372	100673	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			207.90			
							207.90			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG069		94373	100674	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			415.80			
							415.80			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG070		94374	100675	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			415.80			
							415.80			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG071		94375	100677	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			485.10			
							485.10			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG072		94376	100678	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			415.80			
							415.80			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG073		94377	100679	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			485.10			

Report generated: 01/23/2025 10:28:08
 User: Carrie Clark (clarkc)
 Program ID: apwarrnt

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							485.10			
						CHECK TOTAL	3,049.20			
4902	Koch HVAC Distributio	0000		EFT	02/16/2025	3346169		94548	100856	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNOPERSUP				325.92			
						CHECK TOTAL	325.92			
152	Krieg Devault LLP	0000	22500031	EFT	01/10/2025	569632		93948	100147	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43101		GenMayorOf LGLSVCS				485.26			
						CHECK TOTAL	485.26			
152	Krieg Devault LLP	0000	22500031	EFT	01/16/2025	570146		93950	100150	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43101		GenMayorOf LGLSVCS				5,500.00			
						CHECK TOTAL	5,500.00			
						CHECK TOTAL	5,985.26			
936	Lehman's Inc of Ander	0000	22401240	EFT	02/08/2025	20367		94507	100817	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 44400		GenPWBuild IMPROTHBUI				12,500.00			
						CHECK TOTAL	12,500.00			
936	Lehman's Inc of Ander	0000	22401075	EFT	02/08/2025	20364		94509	100818	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 44400		GenPWBuild IMPROTHBUI				18,000.00			
						CHECK TOTAL	18,000.00			
936	Lehman's Inc of Ander	0000	22400873	EFT	01/19/2025	20320		94511	100821	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild PROSERVICE				48,167.00			
						CHECK TOTAL	48,167.00			
						CHECK TOTAL	78,667.00			
5029	LENAHAN, STEPHEN J.	0000		INV	02/13/2025	94151		94151	100370	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew USERFEES				1,659.00			
						CHECK TOTAL	1,659.00			
						CHECK TOTAL	1,659.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5102	LESER, EUGENE & KARYL	0000		INV	02/13/2025	94145		94145	100364	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62600000 34900		SW	USERFEES		79.92				
	2 60600000 34900		Sew	USERFEES		93.00				
							172.92			
						CHECK TOTAL	172.92			
218	Lifeline Data Centers	0000	22500037	EFT	01/31/2025	35898		93916	100112	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		2,427.67				
	2 60606050 43100		SewIT	PROSERVICE		342.37				
	3 62606050 43100		SWIT	PROSERVICE		342.37				
							3,112.41			
						CHECK TOTAL	3,112.41			
1007	Lochmueller Group, In	0000	22400940	EFT	01/18/2025	300174		94135	100352	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27054010 44200		GRNTEng	INFRSTR		10,834.50				
							10,834.50			
						CHECK TOTAL	10,834.50			
289	Macallister Machinery	0000		EFT	01/31/2025	S9381760		93583	99745	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		171.00				
							171.00			
289	Macallister Machinery	0000		EFT	01/02/2025	R64623812501		93990	100192	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNDPERSUP			925.00				
							925.00			
289	Macallister Machinery	0000		EFT	01/19/2025	R64626373301		94382	100684	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		239.59				
							239.59			
289	Macallister Machinery	0000		EFT	11/21/2024	R64615633501		94386	100688	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		759.00				
							759.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
289	Macallister Machinery	0000		EFT	11/21/2024	R64615633502		94387	100689		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks	PROSERVICE		509.00	509.00				
289	Macallister Machinery	0000		EFT	11/21/2024	R64615633503		94388	100690		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks	PROSERVICE		-100.00	-100.00				
289	Macallister Machinery	0000		EFT	11/23/2024	R64616134201		94389	100691		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks	PROSERVICE		1,149.00	1,149.00				
289	Macallister Machinery	0000	22401341	EFT	02/09/2025	R64623873002		94407	100709		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr	PROSERVICE		2,473.00	2,473.00				
289	Macallister Machinery	0000	22401341	EFT	01/18/2025	R64623871901		94408	100710		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr	PROSERVICE		6,256.25	6,256.25				
289	Macallister Machinery	0000	22500046	EFT	02/13/2025	S9424984		94557	100867		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 43100		MVHFleet	PROSERVICE		2,227.69	2,227.69				
						CHECK TOTAL	14,609.53				
2457	MacQueen Equipment LL	0000	22401066	EFT	02/01/2025	P41402		93684	99868		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr	UNIFORMS		416.55	416.55				
2457	MacQueen Equipment LL	0000	22401066	EFT	02/13/2025	P42002		94206	100426		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr	UNIFORMS		615.90	615.90				
2457	MacQueen Equipment LL	0000		EFT	02/09/2025	P41739		94207	100427		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr	UNIFORMS		-390.00	-390.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	642.45			
2974	Marc A Williams	0000		EFT	02/10/2025	FISHERSPARKSSPRINGFO		94228	100448	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE			1,000.00			
							1,000.00			
2974	Marc A Williams	0000		EFT	02/09/2025	FISHERSPARKSPREKPROM		94380	100682	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE			1,000.00			
							1,000.00			
						CHECK TOTAL	2,000.00			
5041	Marschand's Athletic	0000	22401356	EFT	01/16/2025	1836		93857	100051	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOBERSUP				12,800.00			
							12,800.00			
						CHECK TOTAL	12,800.00			
253	Martin Marietta Mater	0000	22400347	EFT	12/13/2024	44406409		94414	100717	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20206191 42200		LRSICSRTS OPERSUP				489.60			
							489.60			
						CHECK TOTAL	489.60			
5139	MARTIN, JUSTIN & COUR	0000		INV	02/13/2025	94184		94184	100403	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES			31.00			
							31.00			
						CHECK TOTAL	31.00			
5127	MARTZ, JEFFERY & JENN	0000		INV	02/13/2025	94172		94172	100391	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	39.79			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5134	MCDANIEL, STEFANIE	0000		INV	02/13/2025	94179		94179	100398	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	39.79			
2236	McKesson Medical-Surg	0000	22401392	EFT	01/15/2025	73534301		93558	99720	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		1,342.47				
	2 21205058 42200		CHD	OPERSUP		169.74				
	3 21205058 42200		CHD	OPERSUP		18.48				
							1,530.69			
2236	McKesson Medical-Surg	0000		EFT	01/15/2025	73564564		93559	99721	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		1,555.26				
							1,555.26			
2236	McKesson Medical-Surg	0000		EFT	01/19/2025	73742636		93560	99722	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		-1,555.26				
	2 21205058 42200		CHD	OPERSUP		-169.74				
							-1,725.00			
2236	McKesson Medical-Surg	0000		EFT	01/19/2025	73742690		93561	99723	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		-905.72				
	2 21205058 42200		CHD	OPERSUP		-18.48				
							-924.20			
2236	McKesson Medical-Surg	0000		EFT	01/19/2025	73742747		93562	99724	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		905.72				
							905.72			
2236	McKesson Medical-Surg	0000	22401392	EFT	01/30/2025	73953145		93824	100015	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		14,067.86				
							14,067.86			
2236	McKesson Medical-Surg	0000	22401392	EFT	02/05/2025	74058711		93834	100026	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		489.67				
	2 21205058 42200		CHD	OPERSUP		416.05				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
							905.72				
2236	McKesson Medical-Surg	0000		EFT	02/06/2025	74137492		93835	100027		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21205058 42200		CHD	OPERSUP			3,586.84				
							3,586.84				
2236	McKesson Medical-Surg	0000		EFT	01/30/2025	73953151		93874	100068		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21205058 42200		CHD	OPERSUP			153.58				
							153.58				
2236	McKesson Medical-Surg	0000		EFT	01/31/2025	73966914		93875	100069		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21205058 42200		CHD	OPERSUP			2,090.64				
							2,090.64				
2236	McKesson Medical-Surg	0000		EFT	02/06/2025	74142562		94494	100801		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21205058 42200		CHD	OPERSUP			613.42				
							613.42				
						CHECK TOTAL	22,760.53				
232	McMaster-Carr Supply	0000		EFT	01/18/2025	38218392		93422	99576		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP			229.66				
							229.66				
232	McMaster-Carr Supply	0000		EFT	02/09/2025	38964877		94110	100325		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP			738.34				
							738.34				
						CHECK TOTAL	968.00				
2743	Med-Bill Corporation	0000	22400843	EFT	01/30/2025	MB-9727		93685	99869		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 43100		GenEMS	PROSERVICE			11,704.27				
							11,704.27				
						CHECK TOTAL	11,704.27				
5137	MEDIAVILLA, ROBERT	0000		INV	02/13/2025	94182		94182	100401		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES			39.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	39.79			
5131	MEETER, LOGAN J.	0000		INV	02/13/2025	94176		94176	100395	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			39.79			
							39.79			
						CHECK TOTAL	39.79			
542	Melissa Kaye Brennema	0000	22400975	EFT	02/02/2025	1329		93764	99950	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100	GenIT		PROSERVICE			1,632.00			
	2 60606050 43100	SewIT		PROSERVICE			680.00			
	3 62606050 43100	SWIT		PROSERVICE			408.00			
							2,720.00			
						CHECK TOTAL	2,720.00			
266	Menard Inc	0000		EFT	11/08/2024	89150		93396	99548	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			87.05			
							87.05			
266	Menard Inc	0000		EFT	11/24/2024	90011		93399	99552	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			2.16			
							2.16			
266	Menard Inc	0000		EFT	12/07/2024	90705		93401	99553	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			134.85			
							134.85			
266	Menard Inc	0000		EFT	12/14/2024	91056		93402	99554	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			37.96			
							37.96			
266	Menard Inc	0000		EFT	01/03/2025	91959		93404	99556	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			45.04			
							45.04			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
266	Menard Inc	0000		EFT	01/26/2025	92814		93406	99558		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		74.99					
							74.99				
266	Menard Inc	0000		EFT	11/13/2024	89431		93423	99577		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		147.90					
							147.90				
266	Menard Inc	0000		EFT	12/22/2024	91471		93426	99580		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		19.99					
							19.99				
266	Menard Inc	0000		EFT	01/22/2025	92703		93444	99598		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		139.80					
							139.80				
266	Menard Inc	0000		EFT	01/25/2025	92774		93445	99599		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		29.24					
							29.24				
266	Menard Inc	0000		EFT	01/25/2025	92775		93446	99600		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		239.24					
							239.24				
266	Menard Inc	0000	22401272	EFT	01/12/2025	92367		93531	99691		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		44.90					
							44.90				
266	Menard Inc	0000	22401272	EFT	01/16/2025	92505		93532	99692		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		44.90					
							44.90				
266	Menard Inc	0000		EFT	12/24/2024	91545		93686	99870		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		28.96					
							28.96				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	01/17/2025	92546		93687	99871	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42200		GenSafeTr	OPERSUP		69.99	69.99			
266	Menard Inc	0000		EFT	02/04/2025	93144		93688	99872	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42200		GenSafeTr	OPERSUP		103.13	103.13			
266	Menard Inc	0000		EFT	02/02/2025	93073		93711	99896	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		319.92	319.92			
266	Menard Inc	0000		EFT	02/02/2025	93078		93712	99897	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		96.70	96.70			
266	Menard Inc	0000		EFT	02/02/2025	93088		93713	99898	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		129.90	129.90			
266	Menard Inc	0000		EFT	01/16/2025	92514		93715	99900	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	OPERSUP		37.90	37.90			
266	Menard Inc	0000		EFT	10/25/2024	88406		93821	100012	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		72.48	72.48			
266	Menard Inc	0000		EFT	01/30/2025	92942		93836	100028	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		241.62	241.62			
266	Menard Inc	0000		EFT	02/07/2025	93273		93852	100046	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWater	OPERSUP		22.90	22.90			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
266	Menard Inc	0000		EFT	02/09/2025	93344		94071	100284		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			292.32					
							292.32				
266	Menard Inc	0000		EFT	01/01/2025	91870		94072	100286		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			195.84					
							195.84				
266	Menard Inc	0000	22401272	EFT	02/13/2025	93518		94217	100437		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			54.00					
							54.00				
266	Menard Inc	0000		EFT	02/15/2025	93618		94410	100712		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42200		GenSafeTr OPERSUP			205.04					
							205.04				
266	Menard Inc	0000		EFT	02/14/2025	93550		94419	100721		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			41.57					
							41.57				
266	Menard Inc	0000		EFT	02/14/2025	93551		94420	100722		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			193.53					
							193.53				
266	Menard Inc	0000	22401272	EFT	02/16/2025	93655		94447	100750		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			8.88					
							8.88				
266	Menard Inc	0000		EFT	02/16/2025	93596		94554	100863		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			50.85					
							50.85				
266	Menard Inc	0000		EFT	02/16/2025	93597		94555	100864		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			292.32					
							292.32				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc		0000	22500067	EFT	02/20/2025	93785		94654	100974	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMNØPERSUP			2,694.00				
								2,694.00			
							CHECK TOTAL	6,199.87			
251	Metal Man LLC		0000		EFT	01/22/2025	1051169		93409	99561	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			692.89				
								692.89			
251	Metal Man LLC		0000		EFT	02/12/2025	1051619		94208		
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMNØPERSUP			172.35				
								172.35			
							CHECK TOTAL	865.24			
5118	MEYER, JASON & NICOLE		0000		INV	02/13/2025	94163		94163	100382	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60600000 34900		Sew	USERFEES		75.60				
								75.60			
							CHECK TOTAL	75.60			
434	Michael A Reuter Cons		0000		EFT	02/01/2025	Reuter225		93366	99517	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101013 43100		GenContr	PROSERVICE		1,650.00				
	2	60601013 43100		SewContr	PROSERVICE		400.00				
	3	62601013 43100		SWContr	PROSERVICE		400.00				
								2,450.00			
							CHECK TOTAL	2,450.00			
3288	Midwest Fiber Holding		0000	22400756	EFT	01/30/2025	E-2501012706244		93747	99933	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE		3,225.00				
								3,225.00			
							CHECK TOTAL	3,225.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
254	Miller's Autobody, In	0000		EFT	01/23/2025	20997687		94080	100296		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,000.00					
							1,000.00				
254	Miller's Autobody, In	0000		EFT	02/10/2025	21299713		94092	100307		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,000.00					
							1,000.00				
254	Miller's Autobody, In	0000		EFT	02/08/2025	21182970		94127	100343		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,000.00					
							1,000.00				
						CHECK TOTAL	3,000.00				
2252	Millers Towing and Tr	0000		EFT	11/29/2024	188144		93641	99806		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		195.00					
							195.00				
2252	Millers Towing and Tr	0000		EFT	11/28/2024	188078		93783	99969		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		103.00					
							103.00				
2252	Millers Towing and Tr	0000		EFT	02/06/2025	189866		93832	100024		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		85.00					
							85.00				
2252	Millers Towing and Tr	0000		EFT	02/06/2025	189862		93851	100045		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		91.00					
							91.00				
2252	Millers Towing and Tr	0000		EFT	02/16/2025	190191		94409	100711		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		79.00					
							79.00				
						CHECK TOTAL	553.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5114	MOHAN, KALIMUTHU	0000		INV	02/13/2025	94159		94159	100378		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		79.58					
						CHECK TOTAL	79.58				
							79.58				
							79.58				
5112	MORAVEC, CHRISTOPHER	0000		INV	02/13/2025	94157		94157	100376		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		79.58					
						CHECK TOTAL	79.58				
							79.58				
							79.58				
1738	Cody Mulryan	0000		INV	02/12/2025	82331refund		94399	100701		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		7.48					
						CHECK TOTAL	7.48				
							7.48				
							7.48				
845	Multi Service Technol	0000		EFT	02/07/2025	991-1-82180		93901	100097		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200	SewPWWater		OPERSUP		215.99					
							215.99				
845	Multi Service Technol	0000		EFT	02/07/2025	991-1-82181		93904	100099		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200	SewPWWater		OPERSUP		242.99					
							242.99				
845	Multi Service Technol	0000		EFT	02/08/2025	991-1-82213		93905	100100		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		193.49					
							193.49				
845	Multi Service Technol	0000		EFT	02/12/2025	991-1-82331		93967	100168		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		200.00					
							200.00				
845	Multi Service Technol	0000		EFT	02/12/2025	991-1-82336		93971	100172		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		206.99					
							206.99				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
845	Multi Service Technol	0000		EFT	02/13/2025	991-1-82383		94105	100319		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater OPERSUP			250.00					
							250.00				
845	Multi Service Technol	0000		EFT	02/13/2025	991-1-82386		94113	100329		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater OPERSUP			233.99					
							233.99				
845	Multi Service Technol	0000		EFT	02/01/2025	579-1-66377		94218	100438		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRSTS OPERSUP			242.99					
							242.99				
845	Multi Service Technol	0000		EFT	01/22/2025	579-1-66101		94219	100439		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			247.47					
							247.47				
845	Multi Service Technol	0000		EFT	01/20/2025	579-1-66068		94221	100441		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			193.49					
							193.49				
845	Multi Service Technol	0000		EFT	01/19/2025	991-1-81739		94222	100442		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			250.00					
							250.00				
845	Multi Service Technol	0000		EFT	01/15/2025	991-1-81616		94223	100443		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			206.99					
							206.99				
845	Multi Service Technol	0000		EFT	01/12/2025	991-1-81516		94224	100444		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			224.99					
							224.99				
845	Multi Service Technol	0000		EFT	01/12/2025	991-1-81515		94225			
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			242.99					
							242.99				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
845	Multi Service Technol	0000		EFT	01/12/2025	579-1-65742		94230	100450	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			-200.00	-200.00			
845	Multi Service Technol	0000		EFT	01/12/2025	579-1-65739		94232	100452	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			242.99	242.99			
845	Multi Service Technol	0000		EFT	01/22/2025	991-1-81820		94233	100453	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			200.00	200.00			
845	Multi Service Technol	0000		EFT	01/22/2025	991-1-81816		94234	100454	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			199.51	199.51			
845	Multi Service Technol	0000		EFT	01/12/2025	579-1-65738		94236		
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			-200.00	-200.00			
845	Multi Service Technol	0000		EFT	01/16/2025	579-1-65899		94238	100458	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP			224.99	224.99			
845	Multi Service Technol	0000		EFT	01/19/2025	991-1-81740		94239	100459	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			250.00	250.00			
845	Multi Service Technol	0000		EFT	01/28/2025	579-1-66266		94241	100461	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP			215.99	215.99			
845	Multi Service Technol	0000		EFT	01/29/2025	579-1-66289		94242	100462	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP			206.99	206.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
845	Multi Service Technol		0000		EFT	02/01/2025	784-1-90614		94243	100464	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			250.00	250.00			
845	Multi Service Technol		0000		EFT	01/29/2025	579-1-66288		94245	100465	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			206.99	206.99			
845	Multi Service Technol		0000		EFT	02/01/2025	579-1-66374		94246	100466	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNTOPERSUP			242.99	242.99			
845	Multi Service Technol		0000		EFT	02/14/2025	991-1-82414		94295	100515	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			242.99	242.99			
845	Multi Service Technol		0000		EFT	02/14/2025	991-1-82415		94296	100516	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			247.49	247.49			
845	Multi Service Technol		0000		EFT	02/16/2025	991-1-82509		94576	100886	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			215.99	215.99			
845	Multi Service Technol		0000		EFT	02/16/2025	991-1-82510		94582	100892	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			242.99	242.99			
845	Multi Service Technol		0000		EFT	02/14/2025	991-1-82417		94642	100959	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 42200		SewPWWaterOPERSUP			250.00	250.00			
845	Multi Service Technol		0000		EFT	02/20/2025	991-1-82632		94658	100979	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			215.99	215.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
845	Multi Service Technol	0000		EFT	02/20/2025	991-1-82633		94659	100980	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 42200		SWPWWater	OPERSUP		242.99				
							242.99			
845	Multi Service Technol	0000		EFT	02/21/2025	991-1-82678		94660	100981	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 42200		SWPWWater	OPERSUP		206.99				
							206.99			
845	Multi Service Technol	0000		EFT	02/20/2025	991-1-82631		94661	100982	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 42200		SWPWWater	OPERSUP		206.99				
							206.99			
						CHECK TOTAL	7,065.24			
845	Multi Service Technol	0000	22401319	EFT	01/15/2025	579-1-65881		93458	99613	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20104010 42200		MVHEng	OPERSUP		98.99				
	2 60604010 42200		SewEng	OPERSUP		59.40				
	3 62604010 42200		SWEng	OPERSUP		39.60				
							197.99			
						CHECK TOTAL	197.99			
234	Municipal Emergency S	0000		EFT	01/18/2025	IN2172616		93505	99664	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		26.20				
							26.20			
234	Municipal Emergency S	0000		EFT	01/04/2025	IN2164036		93553	99715	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		796.25				
							796.25			
234	Municipal Emergency S	0000		EFT	02/14/2025	IN2185323		94247	100467	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
						CHECK TOTAL	1,862.44			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5110	MUSTO, RICHARD & ANN	0000		INV	02/13/2025	94155		94155	100374	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		79.58				
						CHECK TOTAL	79.58			
							79.58			
							79.58			
4298	Naptown Franchising L	0000		EFT	02/01/2025	552		94003	100206	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		875.00				
						CHECK TOTAL	875.00			
							875.00			
							875.00			
903	NCH Corporation	0000		EFT	01/10/2025	8982552		93567	99727	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		360.00				
						CHECK TOTAL	360.00			
							360.00			
							360.00			
2716	Nelson & Co LLC	0000		EFT	01/26/2025	SI168203		93546	99708	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		8.20				
							8.20			
2716	Nelson & Co LLC	0000		EFT	02/02/2025	SI168346		93548	99710	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		26.15				
							26.15			
2716	Nelson & Co LLC	0000	22400125	EFT	01/18/2025	SI168035		93689	99873	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		669.70				
							669.70			
2716	Nelson & Co LLC	0000		EFT	01/19/2025	SI168086		93690	99874	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		353.25				
							353.25			
2716	Nelson & Co LLC	0000		EFT	02/06/2025	SI168440		93732	99917	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		8.20				
							8.20			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2716	Nelson & Co LLC	0000		EFT	02/08/2025	SI168483		93845	100039	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		34.40	34.40			
2716	Nelson & Co LLC	0000		EFT	02/08/2025	SC163143		93855	100049	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		-13.20	-13.20			
2716	Nelson & Co LLC	0000		EFT	02/12/2025	SI168593		94022	100227	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		29.70	29.70			
2716	Nelson & Co LLC	0000		EFT	02/12/2025	SI168636		94304	100525	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		78.00	78.00			
						CHECK TOTAL	1,194.40			
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250101680		93753	99939	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		147.00	147.00			
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250101661		93754	99940	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		1,282.00	1,282.00			
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250102896		93822	100013	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		420.00	420.00			
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250102149		94195	100415	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		300.00	300.00			
327	Nelson Alarm Inc.	0000		INV	12/21/2024	241201601		94622	100936	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		450.00	450.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	2,599.00			
5109	NIVERSON, MIRANDA M.	0000		INV	02/13/2025	94154		94154	100373	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			39.79			
						CHECK TOTAL	39.79			
2184	North American Rescue	0000	22401315	EFT	02/08/2025	IN864747		93892	100086	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200	GenEMS		OPERSUP			1,817.56			
						CHECK TOTAL	1,817.56			
3313	Nova Healthcare IN LL	0000		EFT	02/02/2025	000002894573		93794	99981	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100	SWPWWater		PROSERVICE			320.76			
						CHECK TOTAL	320.76			
335	Office Three Sixty In	0000		EFT	02/02/2025	3049896CM		93525	99684	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP			-51.70			
							-51.70			
335	Office Three Sixty In	0000		EFT	01/10/2025	3053028		93934	100132	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP			55.99			
							55.99			
335	Office Three Sixty In	0000		EFT	02/06/2025	3069402		93976	100177	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP			69.31			
							69.31			
335	Office Three Sixty In	0000		EFT	02/09/2025	3069402B1		93979	100181	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP			23.00			
							23.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
335	Office Three Sixty In		0000		EFT	01/30/2025	3065498		94034	100247	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101011 42200		GenMayorOf	OPERSUP		68.35	68.35			
335	Office Three Sixty In		0000		EFT	02/12/2025	3074244		94216	100436	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNT	OPERSUP		146.38	146.38			
335	Office Three Sixty In		0000		EFT	02/15/2025	3078311		94427	100730	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP		56.33	56.33			
335	Office Three Sixty In		0000		EFT	02/21/2025	3082807		94640	100957	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10102010 42200		GenClerk	OPERSUP		171.08	171.08			
							CHECK TOTAL	538.74			
99995	BARBARA J RUNCIMAN		0000		INV	01/12/2025	FD2024-00004945:1		93724	99909	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105012 43901		GenEMS	REFUNDS		99.45	99.45			
							CHECK TOTAL	99.45			
99995	BENGT H MATTSON		0000		INV	01/23/2025	FD2024-00006304:1		93730	99915	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105012 43901		GenEMS	REFUNDS		111.45	111.45			
							CHECK TOTAL	111.45			
99995	GRETEL H ORTIZ		0000		INV	01/23/2025	FD2024-00005842:1		93726	99911	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105012 43901		GenEMS	REFUNDS		52.86	52.86			
							CHECK TOTAL	52.86			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash						
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
99995	HUMANA INCORPORATE	0000		INV	02/06/2025	FD2024-00007197:1		94302	100523	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		92.12				
						CHECK TOTAL	92.12			
							92.12			
99995	MAUREEN E LESTER	0000		INV	01/15/2025	FD2024-00005348:1		93725	99910	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		500.00				
						CHECK TOTAL	500.00			
							500.00			
99995	SUSAN L VESEY	0000		INV	02/12/2025	FD241210-1642-FISHER		94303	100524	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		309.23				
						CHECK TOTAL	309.23			
							309.23			
99995	UNITED HEALTHCARE COM	0000		INV	01/25/2025	FD2024-00006014:1		93727	99913	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		322.29				
						CHECK TOTAL	322.29			
							322.29			
99995	UNITED HEALTHCARE COM	0000		INV	02/08/2025	FD2024-00006972:1		94300	100521	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		96.48				
						CHECK TOTAL	96.48			
							96.48			
99995	UNITED HEALTHCARE COM	0000		INV	01/30/2025	FD2024-00007076:1		94301	100522	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		11.06				
						CHECK TOTAL	11.06			
							11.06			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
99995	UNITED HEALTHCARE COM	0000		INV	02/02/2025	FD2024-00006745:1		94299	100520	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		83.79				
						CHECK TOTAL	83.79			
							83.79			
99995	UNITED HEALTHCARE INS	0000		INV	01/15/2025	FD2024-00001886:1		93723	99908	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		265.81				
						CHECK TOTAL	265.81			
							265.81			
99995	VU LUONG	0000		INV	01/22/2025	MISC-FISHERS:1		93731	99916	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		79.58				
						CHECK TOTAL	79.58			
							79.58			
343	OneZone Inc	0000	22500053	EFT	01/01/2025	84282		94563	100873	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101014 43100		GenEcon	PROSERVICE		12,000.00				
						CHECK TOTAL	12,000.00			
							12,000.00			
2470	OnPoint Hub & Spoke L	0000		EFT	02/01/2025	2/25 Rent		94002	100205	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		38,763.59				
						CHECK TOTAL	38,763.59			
							38,763.59			
5142	OOLEY, CHRISTOPHER	0000		INV	02/13/2025	94187		94187	100407	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		61.60				
						CHECK TOTAL	61.60			
							61.60			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
347	Otis Elevator Company	0000		EFT	01/01/2025	100401773613		94073	100287		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		889.05					
							889.05				
347	Otis Elevator Company	0000		EFT	01/01/2025	100401773713		94074	100288		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		529.52					
							529.52				
347	Otis Elevator Company	0000		EFT	01/01/2025	100401773942		94075	100290		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		146.34					
							146.34				
347	Otis Elevator Company	0000		EFT	02/01/2025	100401809890		94433	100737		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		889.05					
							889.05				
347	Otis Elevator Company	0000		EFT	02/01/2025	100401809951		94437	100740		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		529.52					
							529.52				
347	Otis Elevator Company	0000		EFT	02/01/2025	100401810137		94438	100742		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		158.05					
							158.05				
						CHECK TOTAL	3,141.53				
5002	Otodus Megalodon Prop	0000		EFT	03/05/2025	4Q2024-COF-CAM		94474	100780		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21105058 43100		MNCPLHDFNB	PROSERVICE		1,698.30					
							1,698.30				
						CHECK TOTAL	1,698.30				
2230	Patrick A Hankley	0000		EFT	02/15/2025	DPG01132025E1		94229	100449		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks	PROSERVICE		200.00					
							200.00				
						CHECK TOTAL	200.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5113	PEELOR, MATTHEW	0000		INV	02/13/2025	94158		94158	100377		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		79.58					
							79.58				
						CHECK TOTAL	79.58				
4035	People Driven Technol	0000		EFT	11/09/2024	INV15220		93755	99941		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		225.00					
							225.00				
4035	People Driven Technol	0000		EFT	12/13/2024	INV15992		93756	99942		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		450.00					
							450.00				
						CHECK TOTAL	675.00				
5149	Pfizer Inc	0000		EFT	03/16/2025	9345883903		94432	100736		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21205058 42200		CHD	OPERSUP		1,555.26					
							1,555.26				
						CHECK TOTAL	1,555.26				
384	Pinnacle Partners Inc	0000	22401247	EFT	01/15/2025	52384		93757	99943		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		8,421.00					
	2 60606050 43100		SewIT	PROSERVICE		3,609.00					
							12,030.00				
384	Pinnacle Partners Inc	0000	22401247	EFT	02/01/2025	52413		93758	99944		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		7,266.00					
	2 60606050 43100		SewIT	PROSERVICE		3,114.00					
							10,380.00				
384	Pinnacle Partners Inc	0000	22401247	EFT	02/12/2025	52486		94086	100301		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		6,216.00					
	2 60606050 43100		SewIT	PROSERVICE		2,664.00					
							8,880.00				
						CHECK TOTAL	31,290.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
366	Plumbers Supply Compa	0000		EFT	01/25/2025	91003552		93421	99575	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP			31.86			
							31.86			
366	Plumbers Supply Compa	0000		EFT	01/25/2025	91001775		93719	99904	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP			5.31			
							5.31			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91014647		93842	100034	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP			160.23			
							160.23			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91014643		93843	100036	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP			32.65			
							32.65			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91014641		93844	100037	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP			257.40			
							257.40			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91018929		94198	100418	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP			25.26			
							25.26			
						CHECK TOTAL	512.71			
1009	Pro Air Midwest LLC	0000	22401400	EFT	01/05/2025	15084		93691	99875	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43100		GenEMS	PROSERVICE			8,450.00			
							8,450.00			
						CHECK TOTAL	8,450.00			
4207	Propio LS LLC	0000		EFT	01/30/2025	0193791224		93788	99974	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27155058 43100		HDVFC	PROSERVICE			413.18			
							413.18			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4207	Propio LS LLC		0000		EFT	01/30/2025	0193801224		93802	99992	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10102100 43100		GenCourt	PROSERVICE			27.26			
								27.26			
4207	Propio LS LLC		0000		EFT	01/30/2025	0193841224		94098	100313	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101012 43100		GenBSG	PROSERVICE			38.72			
								38.72			
4207	Propio LS LLC		0000		EFT	01/30/2025	0197551224		94099	100314	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101012 43100		GenBSG	PROSERVICE			123.06			
								123.06			
4207	Propio LS LLC		0000		EFT	01/30/2025	0197571224		94100	100315	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101012 43100		GenBSG	PROSERVICE			8.22			
								8.22			
							CHECK TOTAL	610.44			
3328	Proveli LLC		0000	22401349	EFT	01/29/2025	116726		93557	99719	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE			4,290.00			
								4,290.00			
3328	Proveli LLC		0000		EFT	12/04/2024	113499		93572	99734	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			1,766.82			
								1,766.82			
3328	Proveli LLC		0000		EFT	12/19/2024	115075		93897	100092	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			220.41			
								220.41			
3328	Proveli LLC		0000		EFT	02/14/2025	119007		94404	100706	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			1,743.81			
								1,743.81			
							CHECK TOTAL	8,021.04			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
375	PTR, Inc.	0000		EFT	01/22/2025	158552		93961	100162		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		607.80	607.80				
375	PTR, Inc.	0000		EFT	02/21/2025	158614		94600	100909		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks	PROSERVICE		77.65	77.65				
375	PTR, Inc.	0000		EFT	02/20/2025	158615		94601	100911		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks	PROSERVICE		1,434.80	1,434.80				
						CHECK TOTAL	2,120.25				
374	PVS Nolwood Chemicals	0000	22401087	EFT	01/20/2025	23919869		93528	99687		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			5,285.40					
	2 60609014 42200		SewPWWaterOPERSUP			6,577.73	11,863.13				
374	PVS Nolwood Chemicals	0000	22401087	EFT	01/30/2025	23920980		93694	99878		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			11,742.56	11,742.56				
374	PVS Nolwood Chemicals	0000	22401087	EFT	02/21/2025	23922594		94662	100984		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			11,648.20	11,648.20				
						CHECK TOTAL	35,253.89				
433	RCS Contractor Suppli	0000		EFT	12/19/2024	1-555109		93502	99661		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			600.12	600.12				
						CHECK TOTAL	600.12				
2076	Regency Windsor Sunbl	0000		EFT	02/06/2025	1.7.25 letter		93792	99978		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 43100		SWPWWater PROSERVICE			1,132.46					

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
							1,132.46				
						CHECK TOTAL	1,132.46				
422	Reynolds Farm Equipme	0000		EFT	02/08/2025	P16131		93908	100103		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP				559.98				
							559.98				
						CHECK TOTAL	559.98				
825	Rick L Alexander	0000		EFT	12/22/2024	24-016		94030	100243		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43100		GenMayorOf	PROSERVICE			6,000.00				
							6,000.00				
825	Rick L Alexander	0000	22500075	EFT	02/13/2025	24-026		94635	100952		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr	PROSERVICE			3,200.00				
							3,200.00				
						CHECK TOTAL	9,200.00				
5043	Ronald Ummel	0000		EFT	12/21/2024	1067		93475	99631		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20206191 42200		LRSCSRSTS	OPERSUP			1,715.00				
							1,715.00				
						CHECK TOTAL	1,715.00				
3592	Safe Haven Baby Boxes	0000		EFT	12/31/2024	1324		94209	100429		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 43100		GenLogist	PROSERVICE			300.00				
							300.00				
						CHECK TOTAL	300.00				
5104	SAMS (TENANT), CINDY	0000		INV	02/13/2025	94147		94147	100366		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES			79.58				
							79.58				
						CHECK TOTAL	79.58				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5145	SAPARA, MORGAN J.	0000		INV	02/13/2025	94190		94190	100410	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		31.00				
						CHECK TOTAL	31.00			
							31.00			
							31.00			
1620	Ron Sawyer	0000		INV	02/01/2025	R Sawyer 1.2.25		93507	99667	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43200		SewPWWater	COMMTTRANS		30.00				
						CHECK TOTAL	30.00			
							30.00			
							30.00			
5146	SCHIPPER, MARK B	0000		INV	02/13/2025	94191		94191	100411	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		3,038.00				
						CHECK TOTAL	3,038.00			
							3,038.00			
							3,038.00			
5143	SENISSE, JORGE O.	0000		INV	02/13/2025	94188		94188	100408	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		61.00				
						CHECK TOTAL	61.00			
							61.00			
							61.00			
3550	Shambaugh & Son LP	0000	22400473	EFT	01/19/2025	18653682		93779	99965	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		10,350.00				
						CHECK TOTAL	10,350.00			
							10,350.00			
							10,350.00			
466	Sharp Printing Servic	0000		EFT	01/23/2025	106362		93865	100059	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 43300		MNCPLHDFN	BRINTADVER		61.50				
						CHECK TOTAL	61.50			
							61.50			
466	Sharp Printing Servic	0000		EFT	01/23/2025	106360		94000	100204	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		80.00				
						CHECK TOTAL	80.00			
							80.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
466	Sharp Printing Servic	0000		EFT	02/16/2025	106544		94501	100808		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101016 43300		GenPR	PRINTADVER		225.00					
							225.00				
466	Sharp Printing Servic	0000		EFT	02/16/2025	106521		94610	100920		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		80.00					
							80.00				
						CHECK TOTAL	446.50				
3062	SHI International Cor	0000	22500006	EFT	01/29/2025	B19207667		93759	99945		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		16,603.11					
	2 62606050 43100		SWIT	PROSERVICE		1,844.79					
							18,447.90				
3062	SHI International Cor	0000	22500025	EFT	02/09/2025	B19241709		94085	100300		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		61,339.53					
	2 62606050 43100		SWIT	PROSERVICE		3,228.40					
							64,567.93				
3062	SHI International Cor	0000	22500003	EFT	02/12/2025	B19246723		94143	100362		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		8,930.61					
	2 62606050 43100		SWIT	PROSERVICE		992.29					
							9,922.90				
						CHECK TOTAL	92,938.73				
4600	Speck Dempsey LLC	0000	22401238	EFT	01/30/2025	1139		93384	99536		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103012 43100		GenPZ	PROSERVICE		4,000.00					
							4,000.00				
						CHECK TOTAL	4,000.00				
2114	St Vincent Health, We	0000	22400311	EFT	01/29/2025	20-42716		93693	99877		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 43100		GenFireAdm	PROSERVICE		2,755.66					
	2 10105011 43100		GenFireAdm	PROSERVICE		7,478.42					
							10,234.08				

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash						
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2114	St Vincent Health, We	0000		EFT	01/29/2025	20-42718		93695	99879	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 43100		GenFireAdm	PROSERVICE		802.08				
						802.08				
						CHECK TOTAL	11,036.16			
3879	Stantec Consulting Se	0000	22400005	EFT	12/11/2024	2313051		93978	100180	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		2,662.50				
						2,662.50				
						CHECK TOTAL	2,662.50			
3561	State Of Indiana	0000		INV	01/18/2025	26535-12182024		93642	99807	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		540.00				
						540.00				
						CHECK TOTAL	540.00			
5105	Stations Hotel Partne	0000		INV	02/13/2025	94148		94148	100367	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		244.55				
						244.55				
						CHECK TOTAL	244.55			
5117	STEIN, ALLYSON	0000		INV	02/13/2025	94162		94162	100381	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		38.79				
						38.79				
						CHECK TOTAL	38.79			
460	Stericycle, Inc.	0000		EFT	01/15/2025	8009430036		93696	99880	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43100		GenEMS	PROSERVICE		90.67				
						90.67				
						CHECK TOTAL	90.67			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2873	Stevenson Legal Group		0000	22400308	EFT	02/06/2025	17751		93968	100169	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10101011 43101			GenMayorOf	LGLSVCS		828.35				
								828.35			
							CHECK TOTAL	828.35			
504	Straeffer Pump & Supp		0000		EFT	01/08/2025	43305		93859	100053	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60609014 43100			SewPWWater	PROSERVICE		1,040.00				
								1,040.00			
							CHECK TOTAL	1,040.00			
558	Stryker Sales Corpora		0000	22401340	EFT	02/14/2025	9208251708		94362	100661	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105012 42200			GenEMS	OPERSUP		717.34				
								717.34			
							CHECK TOTAL	717.34			
507	Sunbelt Rentals Inc		0000	22401399	EFT	01/23/2025	162890365-0001		93602	99766	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10107010 43100			GenParks	PROSERVICE		4,303.18				
								4,303.18			
507	Sunbelt Rentals Inc		0000		EFT	12/07/2024	161243432-0001		94405	100707	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20109011 43100			MVHPWStr	PROSERVICE		1,870.00				
								1,870.00			
507	Sunbelt Rentals Inc		0000	22500076	EFT	12/11/2024	161329228-0001		94630	100946	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20109011 43100			MVHPWStr	PROSERVICE		3,015.00				
								3,015.00			
							CHECK TOTAL	9,188.18			
20	Suzanne Finneran Clif		0000	22400817	EFT	01/31/2025	155		93790	99976	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 21205058 43100			CHD	PROSERVICE		12,500.00				
								12,500.00			
							CHECK TOTAL	12,500.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
527	T&T Sales & Promotion	0000		EFT	01/18/2025	56200		93450	99604	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			105.00	105.00			
527	T&T Sales & Promotion	0000		EFT	02/15/2025	56272		94411	100713	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNOPERSUP			242.00	242.00			
	CHECK TOTAL						347.00			
573	TargetSolutions Learn	0000	22500020	EFT	01/31/2025	INV109107		94101	100316	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG PROSERVICE			16,694.70	16,694.70			
	CHECK TOTAL						16,694.70			
3019	Taylorred Systems LLC	0000		EFT	01/31/2025	109982		93762	99948	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT PROSERVICE			285.00				
	2 10106050 42200		GenIT OPERSUP			89.59	374.59			
3019	Taylorred Systems LLC	0000		EFT	01/31/2025	109981		93763	99949	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT PROSERVICE			1,419.95				
	2 10106050 42200		GenIT OPERSUP			301.54	1,721.49			
3019	Taylorred Systems LLC	0000	22201212	EFT	02/15/2025	110151		93921	100117	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT PROSERVICE			13,195.38				
	2 10106050 43100		GenIT PROSERVICE			20,356.49	33,551.87			
3019	Taylorred Systems LLC	0000	22201272	EFT	02/15/2025	110152		93922	100118	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT PROSERVICE			23,713.03	23,713.03			
3019	Taylorred Systems LLC	0000	22201270	EFT	02/15/2025	110154		93923	100119	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT PROSERVICE			9,811.80				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3019	Taylor Systems LLC	0000	22201271	EFT	02/15/2025	110153	9,811.80	93924	100120		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		21,762.43					
							21,762.43				
3019	Taylor Systems LLC	0000	22401020	EFT	11/15/2024	109116		93925	100121		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		0.00					
	2 10106050 43100		GenIT	PROSERVICE		1,062.50					
							1,062.50				
3019	Taylor Systems LLC	0000	22401020	EFT	10/10/2024	109118		93926	100122		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		66.06					
	2 10106050 43100		GenIT	PROSERVICE		312.50					
							378.56				
						CHECK TOTAL	92,376.27				
2268	Teleflex LLC	0000		EFT	01/11/2025	9509335758		93698	99882		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		299.00					
							299.00				
2268	Teleflex LLC	0000		EFT	01/11/2025	9509335760		93699	99883		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		50.00					
							50.00				
						CHECK TOTAL	349.00				
5098	The CI Thornburg Co I	0000	22401089	EFT	01/08/2025	S100280848.001		94378	100680		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		19,602.40					
							19,602.40				
						CHECK TOTAL	19,602.40				
282	The Mailing Station,	0000		EFT	01/17/2025	176024		93550	99712		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108015 43100		GenPDSpprt	PROSERVICE		10.04					
							10.04				
						CHECK TOTAL	10.04				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5111	THOMAS, BENJAMIN	0000		INV	02/13/2025	94156		94156	100375		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		39.79					
							39.79				
						CHECK TOTAL	39.79				
5122	THOMAS, JOSHUA & STEP	0000		INV	02/13/2025	94167		94167	100386		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		39.79					
							39.79				
						CHECK TOTAL	39.79				
4307	Tiger Connect Inc	0000		EFT	02/01/2025	11104077		93799	99988		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21101012 43100	MHFBSG		PROSERVICE		3,150.00					
							3,150.00				
						CHECK TOTAL	3,150.00				
5126	TOOR, NATHA S.	0000		INV	02/13/2025	94171		94171	100390		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		39.79					
							39.79				
						CHECK TOTAL	39.79				
569	Traffic & Parking Con	0000	22401134	EFT	02/05/2025	1793893		94401	100703		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20209011 43100	LRSPWSTR		PROSERVICE		3,537.00					
							3,537.00				
						CHECK TOTAL	3,537.00				
569	Traffic & Parking Con	0000	22401283	EFT	01/02/2025	1792307		94255	100474		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20104010 43100	MVHEng		PROSERVICE		1,883.25					
							1,883.25				
						CHECK TOTAL	1,883.25				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
569	Traffic & Parking Con	0000	22401283	EFT	02/09/2025	1794218		94256	100476		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20104010 43100		MVHEng	PROSERVICE		270.00					
							270.00				
						CHECK TOTAL	270.00				
569	Traffic & Parking Con	0000	22401283	EFT	01/02/2025	1792339		94257	100477		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20104010 42200		MVHEng	OPERSUP		108.36					
	2 20104010 42200		MVHEng	OPERSUP		548.04					
	3 20104010 43100		MVHEng	PROSERVICE		2,209.50					
							2,865.90				
						CHECK TOTAL	2,865.90				
569	Traffic & Parking Con	0000	22401283	EFT	01/01/2025	1792291		94522	100830		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20104010 43100		MVHEng	PROSERVICE		829.94					
	2 20104010 43100		MVHEng	PROSERVICE		87.06					
							917.00				
						CHECK TOTAL	917.00				
553	Trane US Inc.	0000		EFT	02/07/2025	18373594		94122	100337		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		101.66					
							101.66				
						CHECK TOTAL	101.66				
589	Tucor, Inc	0000	22500071	EFT	02/02/2025	106517		94632	100948		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks	PROSERVICE		3,260.00					
							3,260.00				
						CHECK TOTAL	3,260.00				
839	Tyler Technologies In	0000		EFT	12/30/2024	045-495743		94102	100317		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		215.00					
							215.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
839	Tyler Technologies In	0000		EFT	01/12/2025	045-497893		94103	100318	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		195.00				
							195.00			
839	Tyler Technologies In	0000		EFT	01/14/2025	045-498395		94104	100320	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		5.00				
							5.00			
839	Tyler Technologies In	0000	22500027	EFT	02/15/2025	045-497549		94107	100322	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		212,482.20				
							212,482.20			
						CHECK TOTAL	212,897.20			
122	UKG Kronos Systems LL	0000	22401373	EFT	12/28/2024	12330914		94109	100324	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601012 43100		BSGSWR	PROSERVICE		35,000.00				
	2 10101012 43100		GenBSG	PROSERVICE		36,313.94				
							71,313.94			
122	UKG Kronos Systems LL	0000	22500015	EFT	02/04/2025	12344972		94111	100326	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		2,566.06				
							2,566.06			
						CHECK TOTAL	73,880.00			
58	Uline Inc	0000		EFT	11/02/2024	183905781		94211	100431	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRSTS	OPERSUP		148.52				
							148.52			
						CHECK TOTAL	148.52			
2039	Ultimate Technologies	0000	22500043	EFT	02/19/2025	ARI001675		94542	100850	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 42200		GenIT	OPERSUP		515.57				
	2 10106050 43100		GenIT	PROSERVICE		1,101.43				
							1,617.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2039	Ultimate Technologies	0000	22500042	EFT	02/19/2025	ARI001674		94543	100851	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 42200		GenIT	OPERSUP		2,388.03				
	2 10106050 43100		GenIT	PROSERVICE		2,419.53				
							4,807.56			
2039	Ultimate Technologies	0000	22500044	EFT	02/19/2025	ARI001673		94544	100852	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 42200		GenIT	OPERSUP		2,695.67				
	2 10106050 43100		GenIT	PROSERVICE		396.71				
							3,092.38			
						CHECK TOTAL	9,516.94			
4214	United Rentals (North	0000	22401398	EFT	01/01/2025	241850314-001		93593	99757	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,110.00				
							1,110.00			
4214	United Rentals (North	0000		EFT	01/06/2025	221237525-023		93965	100165	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		195.00				
							195.00			
4214	United Rentals (North	0000		EFT	02/02/2025	221237525-024		93966	100167	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		195.00				
							195.00			
4214	United Rentals (North	0000		EFT	12/23/2024	224169921-017		94517	100826	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		811.00				
							811.00			
						CHECK TOTAL	2,311.00			
585	Upper White River Wat	0000	22401211	EFT	02/05/2025	WRA_25_03		93964	100166	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100		SWPWWater	PROSERVICE		10,000.00				
							10,000.00			
						CHECK TOTAL	10,000.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1871	UrbanEco Properties L		0001		EFT	02/01/2025	2/25 Rent		94006	100210	
ACCOUNT DETAIL							LINE AMOUNT				
1	47140000 43700			FishersI69	RENTALS			14,327.83			
							CHECK TOTAL	14,327.83			
5003	UV Sales LLC		0000	22401111	EFT	12/20/2024	3491		93541	99701	
ACCOUNT DETAIL							LINE AMOUNT				
1	60609014 42200			SewPWWaterOPERSUP				7,640.00			
							CHECK TOTAL	7,640.00			
614	Van Ausdall & Farrar		0000	22400974	EFT	01/15/2025	638052		93765	99951	
ACCOUNT DETAIL							LINE AMOUNT				
1	10106050 43100			GenIT	PROSERVICE			143.79			
2	62606050 43100			SWIT	PROSERVICE			0.00			
								143.79			
614	Van Ausdall & Farrar		0000	22400974	EFT	01/17/2025	638439		93766	99952	
ACCOUNT DETAIL							LINE AMOUNT				
1	10106050 43100			GenIT	PROSERVICE			74.70			
2	62606050 43100			SWIT	PROSERVICE			0.00			
								74.70			
614	Van Ausdall & Farrar		0000	22400974	EFT	01/17/2025	638438		93767	99953	
ACCOUNT DETAIL							LINE AMOUNT				
1	10106050 43100			GenIT	PROSERVICE			22.26			
2	62606050 43100			SWIT	PROSERVICE			0.00			
								22.26			
614	Van Ausdall & Farrar		0000	22400974	EFT	01/31/2025	85887		93769	99955	
ACCOUNT DETAIL							LINE AMOUNT				
1	10106050 43100			GenIT	PROSERVICE			5,356.79			
2	62606050 43100			SWIT	PROSERVICE			484.99			
3	21106050 43100			MHFIT	PROSERVICE			282.03			
								6,123.81			
614	Van Ausdall & Farrar		0000	22400974	EFT	02/06/2025	639680		93927	100123	
ACCOUNT DETAIL							LINE AMOUNT				
1	10106050 43100			GenIT	PROSERVICE			2,051.44			
2	62606050 43100			SWIT	PROSERVICE			25.93			
3	21106050 43100			MHFIT	PROSERVICE			46.75			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR	REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK		
						2,124.12					
					CHECK TOTAL	8,488.68					
5129 VANDEVENDER, JASON &	0000		INV	02/13/2025	94174		94174	100393			
ACCOUNT DETAIL					LINE AMOUNT						
1 60600000 34900	Sew		USERFEES		47.75						
						47.75					
					CHECK TOTAL	47.75					
3565 Verantis Corporation	0000	22500001	EFT	01/09/2025	007167		93543	99704			
ACCOUNT DETAIL					LINE AMOUNT						
1 60609014 43100	SewPWWaterPROSERVICE				5,512.00						
						5,512.00					
					CHECK TOTAL	5,512.00					
2992 Vision Event Manageme	0000		EFT	01/15/2025	1733		94614	100925			
ACCOUNT DETAIL					LINE AMOUNT						
1 27907054 43100	CCFHlthWII		PROSERVICE		11,362.00						
						11,362.00					
					CHECK TOTAL	11,362.00					
2813 Visionary Cove LLC	0000		EFT	02/01/2025	2/25 Rent		94005	100208			
ACCOUNT DETAIL					LINE AMOUNT						
1 47140000 43700	FishersI69		RENTALS		61,450.00						
						61,450.00					
					CHECK TOTAL	61,450.00					
1074 Vogel Traffic Service	0000	22400943	EFT	10/11/2024	075778		94458	100762			
ACCOUNT DETAIL					LINE AMOUNT						
1 20206191 42200	LRSICSRTS		OPERSUP		4,316.53						
						4,316.53					
1074 Vogel Traffic Service	0000	22400943	EFT	10/18/2024	075819		94461	100765			
ACCOUNT DETAIL					LINE AMOUNT						
1 20206191 42200	LRSICSRTS		OPERSUP		183.47						
2 20206191 42200	LRSICSRTS		OPERSUP		723.69						
						907.16					
					CHECK TOTAL	5,223.69					

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5135	WATSON, MARIA & GRAHA	0000		INV	02/13/2025	94180		94180	100399		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		79.58					
						CHECK TOTAL	79.58				
							79.58				
2380	Whites Ace Hardware F	0000		EFT	01/22/2025	37599876		93533	99693		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200	SewPWWater		OPERSUP		19.96					
						CHECK TOTAL	19.96				
							19.96				
2380	Whites Ace Hardware F	0000		EFT	02/07/2025	37604579		93847	100041		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200	GFICBLDGMN		OPERSUP		31.98					
						CHECK TOTAL	31.98				
							31.98				
2380	Whites Ace Hardware F	0000		EFT	02/08/2025	37604641		94527	100835		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200	SWPI		OPERSUP		71.96					
						CHECK TOTAL	71.96				
							71.96				
2380	Whites Ace Hardware F	0000		EFT	02/16/2025	37606616		94547	100855		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200	GFICBLDGMN		OPERSUP		84.95					
						CHECK TOTAL	84.95				
							208.85				
5120	WHITFORD, IAN & MARCI	0000		INV	02/13/2025	94165		94165	100384		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		39.79					
						CHECK TOTAL	39.79				
							39.79				
2737	Wild Ridge Lawn & Lan	0000	22400046	EFT	01/30/2025	34619		94037	100250		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100	MVHPWStr		PROSERVICE		31,872.60					
						CHECK TOTAL	31,872.60				
							31,872.60				
2737	Wild Ridge Lawn & Lan	0000	22401217	EFT	01/17/2025	34611		94041	100254		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100	MVHPWStr		PROSERVICE		11,620.00					
						CHECK TOTAL	11,620.00				
							11,620.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
2737	Wild Ridge Lawn & Lan	0000	22401252	EFT	01/17/2025	34615		94042	100255		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20209011 43100		LRSPWSTRTPROSERVICE			11,882.00					
							11,882.00				
2737	Wild Ridge Lawn & Lan	0000	22401194	EFT	01/15/2025	34599		94043	100256		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr PROSERVICE			2,199.00					
							2,199.00				
2737	Wild Ridge Lawn & Lan	0000	22401183	EFT	01/15/2025	34600		94044	100257		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr PROSERVICE			4,913.00					
							4,913.00				
2737	Wild Ridge Lawn & Lan	0000	22401293	EFT	01/30/2025	34601		94045	100258		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20209011 43100		LRSPWSTRTPROSERVICE			19,242.00					
							19,242.00				
2737	Wild Ridge Lawn & Lan	0000	22400046	EFT	01/30/2025	34620		94047	100260		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr PROSERVICE			5,770.31					
	2 20109011 43100		MVHPWStr PROSERVICE			0.06					
							5,770.37				
						CHECK TOTAL	87,498.97				
4317	Wilkinson Brothers In	0000	22301378	EFT	02/06/2025	250106		93640	99804		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks PROSERVICE			9,000.00					
							9,000.00				
						CHECK TOTAL	9,000.00				
204	Workplace Services Co	0000		EFT	02/15/2025	LS-IN-100775		94655	100976		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101015 43100		GenHR PROSERVICE			100.00					
							100.00				
						CHECK TOTAL	100.00				
1309	WW Grainger Inc	0000		EFT	09/26/2024	9229971628		93412	99566		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRSTS OPERSUP			492.10					

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							492.10			
1309	WW Grainger Inc	0000		EFT	01/19/2025	9352795448		93414	99568	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP				58.02			
							58.02			
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392570		93415	99569	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP				25.08			
							25.08			
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392596		93417	99571	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP				1,942.54			
							1,942.54			
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392562		93419	99573	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP				1,865.99			
							1,865.99			
1309	WW Grainger Inc	0000		EFT	10/05/2024	9238784897		93430	99584	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN OPERSUP				188.50			
							188.50			
1309	WW Grainger Inc	0000		EFT	01/19/2025	9352795455		93431	99585	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN OPERSUP				55.16			
							55.16			
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392588		93435	99589	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN OPERSUP				565.26			
							565.26			
1309	WW Grainger Inc	0000		EFT	01/29/2025	9357563890		93448	99602	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNT OPERSUP				9.60			
							9.60			
1309	WW Grainger Inc	0000		EFT	02/01/2025	9359554038		93504	99663	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS OPERSUP				1,005.58			
							1,005.58			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000	22401275	EFT	10/05/2024	9238784889		93537	99697		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			443.09	443.09				
1309	WW Grainger Inc	0000	22401275	EFT	01/22/2025	9353895411		93539	99699		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			32.52	32.52				
1309	WW Grainger Inc	0000	22401275	EFT	01/29/2025	9357563882		93540	99700		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			97.56	97.56				
1309	WW Grainger Inc	0000		EFT	01/18/2025	9351785770		93568	99730		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			93.12	93.12				
1309	WW Grainger Inc	0000		EFT	01/16/2025	9349114323		93678	99862		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist OPERSUP			32.28	32.28				
1309	WW Grainger Inc	0000		EFT	01/29/2025	9356859752		93679	99863		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist OPERSUP			85.54	85.54				
1309	WW Grainger Inc	0000		EFT	01/29/2025	9356859760		93680	99864		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist OPERSUP			436.14	436.14				
1309	WW Grainger Inc	0000		EFT	01/15/2025	9347429657		93716	99901		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			1,260.68	1,260.68				
1309	WW Grainger Inc	0000		EFT	01/16/2025	9348572943		93718	99903		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			232.78	232.78				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	01/16/2025	9348572935		93720	99905		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		198.00	198.00				
1309	WW Grainger Inc	0000		EFT	02/06/2025	9363381683		93785	99971		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		276.43	276.43				
1309	WW Grainger Inc	0000		EFT	02/06/2025	9363837486		93786	99972		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		709.94	709.94				
1309	WW Grainger Inc	0000	22500022	EFT	01/08/2025	9339645617		93797	99986		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		2,007.27	2,007.27				
1309	WW Grainger Inc	0000	22500023	EFT	01/08/2025	9339645625		93798	99987		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		2,074.60	2,074.60				
1309	WW Grainger Inc	0000		EFT	02/06/2025	9363834145		93850	100044		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		67.91	67.91				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367378297		93891	100085		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		59.88	59.88				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100741		93894	100089		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		447.84	447.84				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100717		93895	100090		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		323.82	323.82				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100709		93896	100091		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			273.36					
							273.36				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100691		93899	100094		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			1,586.84					
							1,586.84				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100667		93900	100095		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			1,969.28					
							1,969.28				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100683		93902	100096		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			535.69					
							535.69				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100733		93906	100101		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT OPERSUP			101.52					
							101.52				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100675		93907	100102		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT OPERSUP			1,697.40					
							1,697.40				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100758		93910	100105		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater OPERSUP			426.77					
							426.77				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100725		94088	100303		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater OPERSUP			520.06					
							520.06				
1309	WW Grainger Inc	0000		EFT	02/09/2025	9368194958		94115	100330		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			21.22					
							21.22				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	02/09/2025	9368194941		94118	100333		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		1,741.40	1,741.40				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9370965197		94203	100423		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		951.45	951.45				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9371414658		94204	100424		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		175.73	175.73				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9371771529		94205	100425		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		7.80	7.80				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9370833387		94212	100432		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		360.21	360.21				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9370833379		94213	100433		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		1,669.78	1,669.78				
1309	WW Grainger Inc	0000	22401275	EFT	02/13/2025	9370833395		94220	100440		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		1,828.47	1,828.47				
1309	WW Grainger Inc	0000		EFT	02/15/2025	9374559541		94412	100714		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		40.27	40.27				
1309	WW Grainger Inc	0000		EFT	02/15/2025	9374559533		94415	100715		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		338.71	338.71				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	02/15/2025	9374559558		94416	100718		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		21.22	21.22				
1309	WW Grainger Inc	0000		EFT	02/14/2025	9373520437		94421	100723		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		31.42	31.42				
1309	WW Grainger Inc	0000		EFT	02/14/2025	9373520411		94422	100724		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		280.80	280.80				
1309	WW Grainger Inc	0000		EFT	02/16/2025	9376588043		94546	100854		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		34.36	34.36				
1309	WW Grainger Inc	0000		EFT	02/16/2025	9376588050		94549	100858		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		23.39	23.39				
1309	WW Grainger Inc	0000	22500066	EFT	01/30/2025	9358392539		94629	100945		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		2,880.11	2,880.11				
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560269		94633	100949		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater	OPERSUP		150.89	150.89				
						CHECK TOTAL	32,755.38				
681	Xylem Dewatering Solu	0000	22500004	EFT	01/26/2025	3556D53006		93521	99680		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		2,612.50	2,612.50				
681	Xylem Dewatering Solu	0000	22500004	EFT	02/17/2025	3556D56345		93825	100016		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		2,612.50	2,612.50				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
681	Xylem Dewatering Solu	0000	22500004	EFT	02/17/2025	3556D56346		93826	100017		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			2,612.50					
							2,612.50				
681	Xylem Dewatering Solu	0000	22500004	EFT	02/17/2025	3556D56347		93827	100018		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			2,612.50					
							2,612.50				
						CHECK TOTAL	10,450.00				
2036	Zayo Group Holdings I	0000	22500050	EFT	01/31/2025	2025010028823		94539	100847		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT PROSERVICE			242.71					
	2 60606050 43100		SewIT PROSERVICE			80.90					
	3 62606050 43100		SWIT PROSERVICE			80.90					
	4 10106050 43100		GenIT PROSERVICE			3,220.38					
	5 60606050 43100		SewIT PROSERVICE			644.08					
	6 62606050 43100		SWIT PROSERVICE			429.38					
							4,698.35				
						CHECK TOTAL	4,698.35				
5123	ZHENG, JIAN	0000		INV	02/13/2025	94168		94168	100387		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew USERFEES			39.79					
							39.79				
						CHECK TOTAL	39.79				
895	INVOICES					WARRANT TOTAL	2,999,176.50				
						CASH ACCOUNT BALANCE	2,999,176.50				
							31,479,380.97				

I hereby certify that each of the above listed vouchers and the invoices, or bills
attached there to, are true and correct and I have audited same in accordance with
IC 5-11-10-1.6.

January 28, 2025

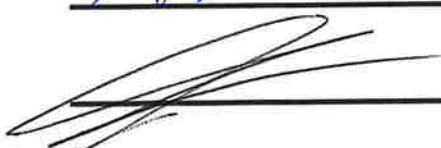
Fiscal Officer

ALLOWANCE OF ACCOUNTS PAYABLE VOUCHERS

CITY OF FISHERS

We have examined the Accounts Payable Vouchers listed on the foregoing Register of Accounts Payable Vouchers consisting of 158 pages and except for accounts payables not allowed as shown on the Register such accounts payables are hereby allowed in the total amount of \$9,344,107.21.

Dated this 28th day of January 2025.

	_____	_____
	_____	_____
_____	_____	_____

Signatures of Governing Board

A/P CASH DISBURSEMENTS JOURNAL Dec 24 MetLife

CASH ACCOUNT: 99900000 10102				FIB Payroll Account					
CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
123124	01/08/2025	MANL	231 Metropolitan Life In	100009	123124	12/31/2024			35,398.19
				35,398.19	80600000 29008	Elective Benefits			
							CHECK	123124 TOTAL:	35,398.19
NUMBER OF CHECKS						1	*** CASH ACCOUNT TOTAL ***		35,398.19
						COUNT	AMOUNT		
TOTAL MANUAL CHECKS						1	35,398.19		
								*** GRAND TOTAL ***	35,398.19

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75471	01/03/2025	EFT	1574 Citizens Energy Grou	99513 884.40	2739310000 60601013 43100	12/19/2024 Professional Services		1325EP	884.40
						CHECK	75471	TOTAL:	884.40
75472	01/03/2025	EFT	2664 Exelon Corporation	99532 2.21	4208027 60609014 43500	12/27/2024 Utility Services	22400008	1325EP	2.21
				99535 1,168.23	4208030 60609014 43500	12/27/2024 Utility Services	22400079	1325EP	4,763.71
				3,595.48	10109012 43100	Professional Services			
						CHECK	75472	TOTAL:	4,765.92
75473	01/03/2025	EFT	2470 OnPoint Hub & Spoke	99528 793.95	2024 CAM Rec 10101011 43100	12/23/2024 Professional Services		1325EP	793.95
						CHECK	75473	TOTAL:	793.95
75474	01/03/2025	EFT	2817 Sprout Social Inc	99606 18,965.40	INV-67936 10101012 43100	12/10/2024 Professional Services	22401165	1325EP	37,930.80
				18,965.40	60601012 43100	Professional Services			
						CHECK	75474	TOTAL:	37,930.80
75475	01/03/2025	EFT	2707 TouchPhrase Developm	99605 18,501.05	24-1117 10101012 43100	11/14/2024 Professional Services	22500005	1325EP	18,501.05
						CHECK	75475	TOTAL:	18,501.05
75476	01/03/2025	PRTD	5095 Ashwood Homeowners A	99615 31,000.00	P7-131st & Howe 20204010 44200	12/18/2024 Infrastructure	22401297	1325EP	36,336.69
				5,336.69	27084010 44200	Infrastructure			
						CHECK	75476	TOTAL:	36,336.69
75477	01/03/2025	PRTD	364 Cinergy Corp	99625 999.00	910123089599 10109012 43100	12/19/2024 Professional Services		1325EP	999.00
						CHECK	75477	TOTAL:	999.00
75478	01/03/2025	PRTD	1417 Hamilton County Reco	99518 2,825.00	1225LiensR 60601013 43100	01/01/2025 Professional Services		1325EP	2,825.00

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash
CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

					CHECK	75478	TOTAL:	2,825.00
75479	01/03/2025	PRTD	1753 Indianapolis Power &	99626 200000127722 999.00 10109012 43100	01/02/2025 Professional Services	1325EP		999.00
					CHECK	75479	TOTAL:	999.00
75480	01/03/2025	PRTD	1753 Indianapolis Power &	99627 200000052973 999.00 10109012 43100	12/06/2024 Professional Services	1325EP		999.00
					CHECK	75480	TOTAL:	999.00
75481	01/03/2025	PRTD	1753 Indianapolis Power &	99628 200000179593 999.00 10109012 43100	12/06/2024 Professional Services	1325EP		999.00
					CHECK	75481	TOTAL:	999.00
75482	01/03/2025	PRTD	1753 Indianapolis Power &	99629 200000031599 999.00 10109012 43100	12/06/2024 Professional Services	1325EP		999.00
					CHECK	75482	TOTAL:	999.00

NUMBER OF CHECKS 12 *** CASH ACCOUNT TOTAL *** 107,032.81

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	7	44,156.69
TOTAL EFT'S	5	62,876.12

*** GRAND TOTAL *** 107,032.81

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10103 FIB Health/Flex Account									
CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
280	01/07/2025	EFT	3097 Southeastern Indiana	99694	1743980CTYFIS	01/03/2025		1725H	37,498.17
				37,498.17	70400000 43100	Professional Services			
				99696	HOD123024	12/30/2024		1725H	323.76
				323.76	70400000 43100	Professional Services			
				99771	0000057634	01/01/2025		1725H	808,389.41
				808,389.41	70400000 43100	Professional Services			
						CHECK		280 TOTAL:	846,211.34
281	01/07/2025	EFT	1315 Tx: Team Rehab Inc	99695	1900	12/31/2024		1725H	10,900.00
				10,900.00	70400000 43100	Professional Services			
						CHECK		281 TOTAL:	10,900.00
						NUMBER OF CHECKS	2	*** CASH ACCOUNT TOTAL ***	857,111.34
						TOTAL EFT'S	COUNT	AMOUNT	
							2	857,111.34	
								*** GRAND TOTAL ***	857,111.34

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75483	01/07/2025	EFT	700 AT&T Mobility	II, L	99828	287299683950x121924	12/11/2024	22400896	1725EP	312.40
					312.40	10106050 43100	Professional Services			
							CHECK	75483	TOTAL:	312.40
75484	01/07/2025	EFT	700 AT&T Mobility	II, L	99829	287282927199x122024	12/12/2024	22400896	1725EP	172.72
					172.72	10106050 43100	Professional Services			
							CHECK	75484	TOTAL:	172.72
75485	01/07/2025	EFT	700 AT&T Mobility	II, L	99830	287283895228x121524	12/07/2024	22400896	1725EP	3,165.59
					3,165.59	10106050 43100	Professional Services			
							CHECK	75485	TOTAL:	3,165.59
75486	01/07/2025	EFT	700 AT&T Mobility	II, L	99833	287282942898x122024	12/12/2024	22400896	1725EP	219.95
					219.95	10106050 43100	Professional Services			
							CHECK	75486	TOTAL:	219.95
75487	01/07/2025	EFT	700 AT&T Mobility	II, L	99834	287282745434x122024	12/12/2024	22400896	1725EP	231.20
					231.20	10106050 43100	Professional Services			
							CHECK	75487	TOTAL:	231.20
75488	01/07/2025	EFT	700 AT&T Mobility	II, L	99835	287288211554x121924	12/11/2024	22400896	1725EP	6,531.68
					6,531.68	10106050 43100	Professional Services			
							CHECK	75488	TOTAL:	6,531.68
75489	01/07/2025	EFT	700 AT&T Mobility	II, L	99836	287286291889x121924	12/11/2024	22400887	1725EP	3,998.90
					3,998.90	62606050 43100	Professional Services			
							CHECK	75489	TOTAL:	3,998.90
75490	01/07/2025	EFT	621 Best way of Indiana		99772	022770	01/02/2025	22400631	1725EP	494.96
					494.96	62609014 43151	Sludge Removal			
					99774	022760	01/02/2025	22400078	1725EP	57,135.48
					57,135.48	60609014 43151	Sludge Removal			
							CHECK	75490	TOTAL:	57,630.44

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

75491	01/07/2025	EFT	3354 Burgess & Niple Inc	99619 100,455.28	1171245	11/22/2024	1725EP	100,455.28
				E 10324001 .TRAILS.LANTER. 10101013 44920 Capital Expenses				
						CHECK	75491 TOTAL:	100,455.28
75492	01/07/2025	EFT	996 Carrier & Gable Inc	99618 15,900.00	IN43035	11/18/2024	1725EP	15,900.00
				E 10324001 .TRAILS.LANTER. 10101013 44920 Capital Expenses				
						CHECK	75492 TOTAL:	15,900.00
75493	01/07/2025	EFT	1574 Citizens Energy Grou	99538 999.00	8527430000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75493 TOTAL:	999.00
75494	01/07/2025	EFT	1574 Citizens Energy Grou	99539 999.00	0255770000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75494 TOTAL:	999.00
75495	01/07/2025	EFT	1574 Citizens Energy Grou	99540 999.00	2161520000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75495 TOTAL:	999.00
75496	01/07/2025	EFT	1574 Citizens Energy Grou	99541 999.00	1464550000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75496 TOTAL:	999.00
75497	01/07/2025	EFT	1574 Citizens Energy Grou	99542 999.00	1565400000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75497 TOTAL:	999.00
75498	01/07/2025	EFT	1574 Citizens Energy Grou	99543 999.00	5308530000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

								CHECK	75498	TOTAL:	999.00
75499	01/07/2025	EFT	1574	Citizens Energy Grou	99549	3526030000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75499	TOTAL:	999.00
75500	01/07/2025	EFT	1574	Citizens Energy Grou	99551	4077910000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75500	TOTAL:	999.00
75501	01/07/2025	EFT	1574	Citizens Energy Grou	99555	6153710000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75501	TOTAL:	999.00
75502	01/07/2025	EFT	1574	Citizens Energy Grou	99557	1582670000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75502	TOTAL:	999.00
75503	01/07/2025	EFT	1574	Citizens Energy Grou	99560	1316340000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75503	TOTAL:	999.00
75504	01/07/2025	EFT	1574	Citizens Energy Grou	99562	9005460000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75504	TOTAL:	999.00
75505	01/07/2025	EFT	1574	Citizens Energy Grou	99567	0533900000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75505	TOTAL:	999.00
75506	01/07/2025	EFT	1574	Citizens Energy Grou	99570	4935520000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75506	TOTAL:	999.00

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash
CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

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NET

75507	01/07/2025	EFT	1574 Citizens Energy Grou	99583 999.00	3571540000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75507 TOTAL:	999.00
75508	01/07/2025	EFT	1574 Citizens Energy Grou	99587 999.00	6963440000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75508 TOTAL:	999.00
75509	01/07/2025	EFT	1574 Citizens Energy Grou	99591 999.00	8489250000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75509 TOTAL:	999.00
75510	01/07/2025	EFT	1574 Citizens Energy Grou	99632 999.00	6247377846 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75510 TOTAL:	999.00
75511	01/07/2025	EFT	1574 Citizens Energy Grou	99633 999.00	7220634092 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75511 TOTAL:	999.00
75512	01/07/2025	EFT	1574 Citizens Energy Grou	99634 999.00	2136460000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75512 TOTAL:	999.00
75513	01/07/2025	EFT	1574 Citizens Energy Grou	99635 999.00	1215988185 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75513 TOTAL:	999.00
75514	01/07/2025	EFT	1574 Citizens Energy Grou	99637 999.00	9136330000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75514 TOTAL:	999.00
75515	01/07/2025	EFT	1574 Citizens Energy Grou	99636 999.00	7293625305 10109012 43100	12/19/2024 Professional Services	1725EP	999.00

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

								CHECK	75515	TOTAL:	999.00
75516	01/07/2025	EFT	1574	Citizens Energy Grou	99638	6851140000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75516	TOTAL:	999.00
75517	01/07/2025	EFT	1574	Citizens Energy Grou	99639	2347021382		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75517	TOTAL:	999.00
75518	01/07/2025	EFT	1574	Citizens Energy Grou	99640	4942450000		12/18/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75518	TOTAL:	999.00
75519	01/07/2025	EFT	1574	Citizens Energy Grou	99642	1666060000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75519	TOTAL:	999.00
75520	01/07/2025	EFT	1574	Citizens Energy Grou	99641	4531792434		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75520	TOTAL:	999.00
75521	01/07/2025	EFT	1574	Citizens Energy Grou	99643	5674440000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75521	TOTAL:	999.00
75522	01/07/2025	EFT	1574	Citizens Energy Grou	99644	0682250000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75522	TOTAL:	999.00
75523	01/07/2025	EFT	1574	Citizens Energy Grou	99646	7140760000		12/19/2024		1725EP	999.00
					999.00	10109012 43100		Professional Services			
								CHECK	75523	TOTAL:	999.00

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash
CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75524	01/07/2025	EFT	1574 Citizens Energy Grou	99645 999.00	7224150000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75524 TOTAL:	999.00
75525	01/07/2025	EFT	1574 Citizens Energy Grou	99647 999.00	3676860000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75525 TOTAL:	999.00
75526	01/07/2025	EFT	1574 Citizens Energy Grou	99648 999.00	6841130000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75526 TOTAL:	999.00
75527	01/07/2025	EFT	1574 Citizens Energy Grou	99649 999.00	8668060000 10109012 43100	12/18/2024 Professional Services	1725EP	999.00
						CHECK	75527 TOTAL:	999.00
75528	01/07/2025	EFT	1574 Citizens Energy Grou	99650 999.00	2424710000 10109013 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75528 TOTAL:	999.00
75529	01/07/2025	EFT	1574 Citizens Energy Grou	99651 999.00	8332520000 10109013 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75529 TOTAL:	999.00
75530	01/07/2025	EFT	1574 Citizens Energy Grou	99652 999.00	9389450000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75530 TOTAL:	999.00
75531	01/07/2025	EFT	1574 Citizens Energy Grou	99655 999.00	3481020000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00
						CHECK	75531 TOTAL:	999.00
75532	01/07/2025	EFT	1574 Citizens Energy Grou	99666 999.00	8747120000 10109012 43100	12/19/2024 Professional Services	1725EP	999.00

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

							CHECK	75532	TOTAL:	999.00
75533	01/07/2025	EFT	1574 Citizens Energy Grou	99668	0085720000	12/19/2024			1725EP	999.00
				999.00	10109012 43100	Professional Services				
							CHECK	75533	TOTAL:	999.00
75534	01/07/2025	EFT	1574 Citizens Energy Grou	99669	1823600000	12/18/2024			1725EP	999.00
				999.00	10109012 43100	Professional Services				
							CHECK	75534	TOTAL:	999.00
75535	01/07/2025	EFT	1574 Citizens Energy Grou	99670	2338570000	12/19/2024			1725EP	999.00
				999.00	10109012 43100	Professional Services				
							CHECK	75535	TOTAL:	999.00
75536	01/07/2025	EFT	1574 Citizens Energy Grou	99674	3749120000	12/18/2024			1725EP	999.00
				999.00	10109012 43100	Professional Services				
							CHECK	75536	TOTAL:	999.00
75537	01/07/2025	EFT	1574 Citizens Energy Grou	99676	0065630000	12/19/2024			1725EP	999.00
				999.00	10109012 43100	Professional Services				
							CHECK	75537	TOTAL:	999.00
75538	01/07/2025	EFT	1574 Citizens Energy Grou	99678	4340330000	12/18/2024			1725EP	999.00
				999.00	10109012 43100	Professional Services				
							CHECK	75538	TOTAL:	999.00
75539	01/07/2025	EFT	1596 Indiana Association	99516	115491	01/01/2025			1725EP	28,335.00
				23,335.00	10101013 43100	Professional Services				
				3,000.00	60601011 43100	Professional Services				
				2,000.00	62601011 43100	Professional Services				
							CHECK	75539	TOTAL:	28,335.00
75540	01/07/2025	EFT	4082 Metronet Systems Ho	99891	1-4-2025	01/04/2025			22400047 1725EP	900.00
				900.00	10106050 43100	Professional Services				

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

						CHECK	75540 TOTAL:	900.00
75541	01/07/2025	EFT	274 Meyer Najem Construc	99527 0223723-16	12/31/2024	1725EP		196,589.46
			196,589.46	E 70023003 .GRANT .GRCIRD.				
				27057010 44920	Capital Expenses			
					CHECK	75541 TOTAL:		196,589.46
75542	01/07/2025	EFT	5002 Otodus Megalodon Pro	99530 01-25COF	01/01/2025	1725EP		8,930.00
			8,930.00	21105058 43100	Professional Services			
				99537 02-25COF	01/01/2025	1725EP		8,930.00
			8,930.00	21105058 43100	Professional Services			
					CHECK	75542 TOTAL:		17,860.00
75543	01/07/2025	EFT	805 Republic Services of	99735 0761-006692417	12/25/2024	1725EP		321.23
			321.23	10109012 43100	Professional Services			
					CHECK	75543 TOTAL:		321.23
75544	01/07/2025	EFT	654 Waste Mgmt of Indian	99531 0223523-4672-4	12/30/2024	1725EP		872.91
			872.91	60609014 43100	Professional Services			
					CHECK	75544 TOTAL:		872.91
75545	01/07/2025	EFT	645 WEX Bank	99679 101921232	12/31/2024	1725EP		1,121.01
				939.52 10106010 42221	Fuel			
			181.49	20106010 42221	Fuel			
					CHECK	75545 TOTAL:		1,121.01

NUMBER OF CHECKS 63 *** CASH ACCOUNT TOTAL *** 480,571.77

	COUNT	AMOUNT
TOTAL EFT'S	63	480,571.77

*** GRAND TOTAL *** 480,571.77

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75546 01/08/2025 EFT 442 Regions Bank

 99519 R917811
 840,000.00 47140000 43804

 12/01/2024
 Lease Payment

125debt

840,000.00

 99520 R809111
 715,000.00 47140000 43804

 12/01/2024
 Lease Payment

125debt

715,000.00

CHECK 75546 TOTAL: 1,555,000.00

 75547 01/08/2025 EFT 2331 Regions Equipment Fi
 99522 1854935
 194,444.81 60809014 44500

 12/14/2024
 Machinery and Equipment

125debt

194,444.81

 99523 1854936
 118,488.07 60809014 44500

 12/14/2024
 Machinery and Equipment

125debt

118,488.07

CHECK 75547 TOTAL: 312,932.88

 75548 01/08/2025 EFT 2172 The Huntington Natio
 99521 FISHERSFS20_0125DS
 509,000.00 47140000 43804

 11/19/2024
 Lease Payment

125debt

509,000.00

CHECK 75548 TOTAL: 509,000.00

NUMBER OF CHECKS 3 *** CASH ACCOUNT TOTAL *** 2,376,932.88

TOTAL EFT'S

COUNT	AMOUNT
3	2,376,932.88

*** GRAND TOTAL *** 2,376,932.88

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75549	01/09/2025	EFT	700 AT&T Mobility II, L	99827 79.73	287282926527x122024 10106050 43100	12/12/2024	22400896	1925EP Professional Services	79.73
						CHECK	75549	TOTAL:	79.73
75550	01/09/2025	EFT	700 AT&T Mobility II, L	99832 156.20	287303132695x121924 21206050 43100	12/11/2024		1925EP Professional Services	156.20
						CHECK	75550	TOTAL:	156.20
75551	01/09/2025	EFT	2393 Indianapolis Airport	99973 1,594.94	24231988 10105011 43100	01/01/2025		1925EP Professional Services	1,594.94
						CHECK	75551	TOTAL:	1,594.94
75552	01/09/2025	EFT	2600 Indianapolis Metro	99970 48,978.89	INV-00000298 10101011 43100	06/21/2024	22500016	1925EP Professional Services	48,978.89
						CHECK	75552	TOTAL:	48,978.89
75553	01/09/2025	EFT	144 Key Government Finan	99983 343,205.32	5086021 40201011 44905	12/18/2024	22500030	1925EP Capital Lease Payment	343,205.32
						CHECK	75553	TOTAL:	343,205.32
75554	01/09/2025	EFT	667 US Bancorp Governmen	99982 146,150.19	544624638 40201011 44905	12/16/2024	22500029	1925EP Capital Lease Payment	146,150.19
						CHECK	75554	TOTAL:	146,150.19
75555	01/09/2025	EFT	2789 Verizon Communicatio	99837 853.48 749.99	6101909345 10106050 43100 E 16525001 .ADMIN .Gen 10106050 42200	12/23/2024	22400976	1925EP Professional Services Operating Supplies	1,603.47
				99838 846.44	6101938842 10106050 43100	12/23/2024	22400976	1925EP Professional Services	846.44
				99839 616.12	6101970703 10106050 43100	12/23/2024	22400976	1925EP Professional Services	616.12
				99841 210.98	6101924408 10106050 43100	12/23/2024	22400976	1925EP Professional Services	210.98

A/P CASH DISBURSEMENTS JOURNAL

	CHECK	75555	TOTAL:	3,277.01
NUMBER OF CHECKS	7	*** CASH ACCOUNT TOTAL ***		543,442.28
TOTAL EFT'S	COUNT	AMOUNT		
	7	543,442.28		
		*** GRAND TOTAL ***		543,442.28

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75556	01/10/2025	MANL	364 Cinergy Corp	99656	WQ010225	01/02/2025	22400010	11025DD	62,764.74
				62,764.74	60609014 43500	Utility Services			

CHECK	75556 TOTAL:	62,764.74
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75557	01/10/2025	MANL	364 Cinergy Corp	99826	010625BM	01/06/2025		11025DD	59,004.24
				59,004.24	10109012 43100	Professional Services			

CHECK	75557 TOTAL:	59,004.24
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75558	01/10/2025	MANL	364 Cinergy Corp	99957	11025Streets	01/07/2025		11025DD	13,712.27
				13,712.27	10109012 43100	Professional Services			

CHECK	75558 TOTAL:	13,712.27
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NUMBER OF CHECKS	3	*** CASH ACCOUNT TOTAL ***	135,481.25
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	COUNT	AMOUNT
TOTAL MANUAL CHECKS	3	135,481.25

*** GRAND TOTAL ***	135,481.25
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A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

		VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75559	01/13/2025 EFT	700 AT&T Mobility II, L	99923 287301827393x121924 9,870.49 10106050 43100 1,770.00	12/11/2024	22400896	11325EP	11,640.49
			E 16524001 .Fleet .Gen 10106050 42200			Operating Supplies	
				CHECK	75559	TOTAL:	11,640.49
75560	01/13/2025 EFT	1574 Citizens Energy Grou	100110 2692830000 3,320.00 62609014 43500	12/18/2024	22401214	11325EP	3,320.00
				CHECK	75560	TOTAL:	3,320.00
75561	01/13/2025 EFT	1574 Citizens Energy Grou	100111 4753108926 5,063.10 60609014 43500	12/30/2024	22401409	11325EP	5,063.10
				CHECK	75561	TOTAL:	5,063.10
75562	01/13/2025 EFT	2055 MJ Insurance Inc	100182 397851 4,525.04 10101011 43100 1,557.66 60601011 43100 646.43 62601011 43100	12/31/2024	22500032	11325EP	6,729.13
						Professional Services	
						Professional Services	
						Professional Services	
			100183 397745 3,563.35 10101011 43100 1,226.61 60601011 43100 509.04 62601011 43100	12/26/2024	22500032	11325EP	5,299.00
						Professional Services	
						Professional Services	
						Professional Services	
			100184 398078 46,603.20 10101011 43100 16,042.26 60601011 43100 6,657.54 62601011 43100	01/09/2025	22500032	11325EP	69,303.00
						Professional Services	
						Professional Services	
						Professional Services	
			100186 398061 1,910.62 10101011 43100 657.69 60601011 43100 272.94 62601011 43100	01/08/2025	22500032	11325EP	2,841.25
						Professional Services	
						Professional Services	
						Professional Services	
			100187 398002 6,345.84 10101011 43100 2,184.43 60601011 43100 906.54 62601011 43100	01/07/2025	22500032	11325EP	9,436.81
						Professional Services	
						Professional Services	
						Professional Services	
			100188 398001 7,579.25 10101011 43100 2,609.01 60601011 43100 1,082.74 62601011 43100	01/07/2025	22500032	11325EP	11,271.00
						Professional Services	
						Professional Services	
						Professional Services	
			100190 397981	01/07/2025	22500032	11325EP	15,686.00

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 CASH ACCOUNT: 99900000 10100 APCash
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CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				10,548.14	10101011 43100	Professional Services			
				3,631.00	60601011 43100	Professional Services			
				1,506.86	62601011 43100	Professional Services			
				100249	398175	01/13/2025	22500032	11325EP	62,500.00
				42,028.49	10101011 43100	Professional Services			
				14,467.50	60601011 43100	Professional Services			
				6,004.01	62601011 43100	Professional Services			
				100298	397794A	12/30/2024	22401440	11325EP	95,455.39
				95,455.39	40201013 44920	Capital Expenses			
				100302	397014A	11/27/2024	22401440	11325EP	107,231.00
				107,231.00	40201013 44920	Capital Expenses			
						CHECK	75562	TOTAL:	385,752.58
75563	01/13/2025	EFT	343 OneZone Inc	100202	84873	01/13/2025		11325EP	3,250.00
				3,250.00	10101011 43100	Professional Services			
						CHECK	75563	TOTAL:	3,250.00
75564	01/13/2025	EFT	805 Republic Services of	100052	0761-006693490	12/25/2024		11325EP	245.12
				245.12	10109012 43100	Professional Services			
						CHECK	75564	TOTAL:	245.12
75565	01/13/2025	EFT	2172 The Huntington Natio	100072	68998	12/02/2024		11325EP	2,000.00
				2,000.00	47140000 43100	Professional Services			
						CHECK	75565	TOTAL:	2,000.00
75566	01/13/2025	EFT	3174 The Pitney Bowes Ban	100209	8000-9090-1100-1281	01/12/2025		11325EP	637.06
				637.06	10101011 43202	Postage			
						CHECK	75566	TOTAL:	637.06
75567	01/13/2025	EFT	2789 Verizon Communicatio	99840	6101959130	12/23/2024	22400976	11325EP	1,340.68
				1,340.68	10106050 43100	Professional Services			
				99842	6101916600	12/23/2024		11325EP	1,044.47
				405.13	21106050 43100	Professional Services			
				406.08	21206050 43100	Professional Services			
				87.92					
					E 21224003 .PROFSE.				
					27155058 43100	Professional Services			
				106.27					

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	E 51222001 .OPER .							
	27055058 43100							
39.07						Professional Services		
	E 21221005 .PROFSE.							
	27055058 43100					Professional Services		
99843	6101866422		12/23/2024	22400976	11325EP			4,970.54
4,970.54	10106050 43100				Professional Services			
99844	6101878095		12/23/2024	22400976	11325EP			1,007.39
1,007.39	10106050 43100				Professional Services			
99845	6101924370		12/23/2024	22400041	11325EP			2,220.22
2,158.05	60606050 43100				Professional Services			
62.17	60606050 43100				Professional Services			
CHECK 75567 TOTAL:								10,583.30
NUMBER OF CHECKS	9	*** CASH ACCOUNT TOTAL ***						422,491.65
		COUNT	AMOUNT					
TOTAL EFT'S		9	422,491.65					
*** GRAND TOTAL ***								422,491.65

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75568	01/15/2025	MANL	1521 Indiana Gas Company	100109	WQ_011025	12/05/2024	22400007	11525DD	5,465.59
				1,550.76	60609014 43500			Utility Services	
				3,000.00	60609014 43500			Utility Services	
				914.83	60609014 43500			Utility Services	

CHECK 75568 TOTAL: 5,465.59

75569	01/15/2025	MANL	1521 Indiana Gas Company	100108	011025GAS	12/16/2024		11525DD	12,934.00
				12,934.00	10109012 43100			Professional Services	

CHECK 75569 TOTAL: 12,934.00

NUMBER OF CHECKS 2 *** CASH ACCOUNT TOTAL *** 18,399.59

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	2	18,399.59

*** GRAND TOTAL *** 18,399.59

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		VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75570	01/16/2025	MANL	2452 Regions Bank	100627 547.27	1224CC-Admin 10101017 42200	12/31/2024 22400389 1224CC Operating Supplies	547.27
CHECK 75570 TOTAL:							547.27
75571	01/16/2025	MANL	2452 Regions Bank	100628 578.50 305.37	1224CC-Admin 10101017 42200 10101017 42200	12/31/2024 22401102 1224CC Operating Supplies Operating Supplies	883.87
CHECK 75571 TOTAL:							883.87
75572	01/16/2025	MANL	2452 Regions Bank	100629 8,921.32	1224CC-Admin 10101017 43100	12/31/2024 22401104 1224CC Professional Services	8,921.32
CHECK 75572 TOTAL:							8,921.32
75573	01/16/2025	MANL	2452 Regions Bank	100630 82.60	1224CC-Admin 21105058 43100	12/31/2024 22401118 1224CC Professional Services	82.60
CHECK 75573 TOTAL:							82.60
75574	01/16/2025	MANL	2452 Regions Bank	100631 3,250.00	1224CC-Admin 10101017 42200	12/31/2024 22401276 1224CC Operating Supplies	3,250.00
CHECK 75574 TOTAL:							3,250.00
75575	01/16/2025	MANL	2452 Regions Bank	100632 89.00 89.00 89.00 89.00 89.00	1224CC-Admin 10101017 43200 10101017 43200 10101017 43200 10101017 43200 10101017 43200	12/31/2024 22401278 1224CC Comms And Transportation Comms And Transportation Comms And Transportation Comms And Transportation Comms And Transportation	445.00
CHECK 75575 TOTAL:							445.00
75576	01/16/2025	MANL	2452 Regions Bank	100633 577.95 4,488.88	1224CC-Admin 10101017 42200 10101017 42200	12/31/2024 22401354 1224CC Operating Supplies Operating Supplies	5,066.83
CHECK 75576 TOTAL:							5,066.83
75577	01/16/2025	MANL	2452 Regions Bank	100634 304.62 7.63 29.57	1224CC-Admin 10101017 42200 10101017 42200 10101017 42200	12/31/2024 22401380 1224CC Operating Supplies Operating Supplies Operating Supplies	3,173.30

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				121.54	10101017	42200	Operating Supplies		
				722.41	10101017	42200	Operating Supplies		
				154.34	10101017	42200	Operating Supplies		
				20.09	10101017	42200	Operating Supplies		
				317.81	10101017	42200	Operating Supplies		
				71.93	10101017	42200	Operating Supplies		
				306.89	10101017	42200	Operating Supplies		
				47.50	10101017	42200	Operating Supplies		
				47.52	10101017	42200	Operating Supplies		
				37.50	10101017	42200	Operating Supplies		
				399.80	10101017	42200	Operating Supplies		
				45.00	10101017	42200	Operating Supplies		
				110.00	10101017	43100	Professional Services		
				26.97	10101017	42200	Operating Supplies		
				187.04	10101017	42200	Operating Supplies		
				89.07	10101017	42200	Operating Supplies		
				79.06	10101017	42200	Operating Supplies		
				47.01	10101017	42200	Operating Supplies		
							CHECK	75577 TOTAL:	3,173.30
75578	01/16/2025	MANL	2452 Regions Bank	100635	1224CC-Admin	12/31/2024	1224CC		39,159.32
				64.45	10101015	42200	Operating Supplies		
				123.74	10101015	42200	Operating Supplies		
				40.45	10101017	42200	Operating Supplies		
				-40.45	10101017	42200	Operating Supplies		
				9,000.00	10101017	42200	Operating Supplies		
				73.04	10101011	42200	Operating Supplies		
				60.60	10101011	43100	Professional Services		
				1.00	10101011	43100	Professional Services		
				21.00	10101011	43100	Professional Services		
				30.00	10101011	43100	Professional Services		
				348.96	10101011	43100	Professional Services		
				28.00	10101011	43100	Professional Services		
				38.99	10101011	43100	Professional Services		
				69.83	10101011	42200	Operating Supplies		
				44.96	10101011	42200	Operating Supplies		
				74.40	10101011	42200	Operating Supplies		
				134.21	10101011	42200	Operating Supplies		
				77.56	10101011	42200	Operating Supplies		
				5,531.75	10101016	43202	Postage		
				443.59	10101011	42200	Operating Supplies		
				4.00	10101011	43100	Professional Services		
				32.40	10101011	43100	Professional Services		
				94.12	10101011	42200	Operating Supplies		
				187.22	10101011	42200	Operating Supplies		
				966.24	10101011	42200	Operating Supplies		
				793.46	10101011	42200	Operating Supplies		
				28.76	10101011	42200	Operating Supplies		
				1,066.28	10101011	42200	Operating Supplies		
				907.68	10101011	42200	Operating Supplies		

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41.67	10101011	42200	Operating Supplies
885.56	10101011	42200	Operating Supplies
387.89	10101011	42200	Operating Supplies
-885.56	10101011	42200	Operating Supplies
885.56	10101011	42200	Operating Supplies
15.00	10101011	42200	Operating Supplies
90.42	10101011	42200	Operating Supplies
689.57	10101015	42200	Operating Supplies
49.42	10101011	42200	Operating Supplies
143.21	21205058	43100	Professional Services
298.95	10101011	43100	Professional Services
672.46	10101011	43100	Professional Services
741.76	10101011	42200	Operating Supplies
21.95	10101011	42200	Operating Supplies
838.14	10101011	43100	Professional Services
256.66	10101011	42200	Operating Supplies
-256.66	10101011	42200	Operating Supplies
4.00	10101011	43100	Professional Services
171.98	10101011	43200	Comms And Transportation
3,562.50	10101011	42200	Operating Supplies
1,200.00	10101011	43100	Professional Services
10.45	10101011	43100	Professional Services
64.20	10101011	42200	Operating Supplies
20.93	10101016	42200	Operating Supplies
70.07	10101016	42200	Operating Supplies
141.50	10101016	43100	Professional Services
156.24	10101016	42200	Operating Supplies
9.99	10101016	43100	Professional Services
50.00	10101016	43100	Professional Services
5.02	10101016	42200	Operating Supplies
540.56	10101016	42200	Operating Supplies
135.19	10101016	42200	Operating Supplies
849.00	10101016	42200	Operating Supplies
21.54	10101016	42200	Operating Supplies
35.00	10101016	43100	Professional Services
73.58	10101016	42200	Operating Supplies
900.00	10101016	43100	Professional Services
20.00	10101016	43100	Professional Services
441.23	10101016	43100	Professional Services
80.41	10101016	43100	Professional Services
16.62	10101016	42200	Operating Supplies
75.52	10101016	42200	Operating Supplies
5,000.00	10101016	43202	Postage
41.38	10101016	42200	Operating Supplies
40.40	10101016	42200	Operating Supplies
274.26	10101016	42200	Operating Supplies
25.51	10101016	42200	Operating Supplies

CHECK 75578 TOTAL: 39,159.32

CASH ACCOUNT: 99900000 10100 APCash

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Report generated: 01/16/2025 08:26
User: clarkc
Program ID: apcshdsb

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27.82	10107010	42200	Operating Supplies
-117.66	10107010	42200	Operating Supplies
349.36	10107010	42200	Operating Supplies
1,683.00	10107010	42200	Operating Supplies
425.86	10107010	42200	Operating Supplies
770.21	10107010	42200	Operating Supplies
-212.93	10107010	42200	Operating Supplies
349.36	10107010	42200	Operating Supplies
181.79	10107010	42200	Operating Supplies
674.03	10107010	42200	Operating Supplies
513.54	10107010	42200	Operating Supplies
27.98	10107010	42200	Operating Supplies
66.00	10107010	42200	Operating Supplies
29.99	10107010	42200	Operating Supplies
1,353.87	10107010	42200	Operating Supplies
21.99	10107010	42200	Operating Supplies
27.89	10107010	42200	Operating Supplies
200.08	10107010	42200	Operating Supplies
18.20	10107010	42200	Operating Supplies
17.34	10107010	42200	Operating Supplies
218.60	10107010	42200	Operating Supplies
100.00	10107010	42200	Operating Supplies
7.30	10107010	42200	Operating Supplies
73.00	10107010	42200	Operating Supplies
73.00	10107010	42200	Operating Supplies
2.00	10107010	42200	Operating Supplies
6.00	10107010	42200	Operating Supplies
50.13	10107010	42200	Operating Supplies
154.94	10107010	42200	Operating Supplies
77.00	10107010	42200	Operating Supplies
66.07	10107010	42200	Operating Supplies
12.84	10107010	42200	Operating Supplies
3.84	10107010	42200	Operating Supplies
21.40	10107010	42200	Operating Supplies
161.40	10107010	42200	Operating Supplies
2,125.34	10107010	43100	Professional Services
824.00	10107010	42200	Operating Supplies
41.91	10107010	42200	Operating Supplies
21.57	10107010	42200	Operating Supplies
244.38	10107010	42200	Operating Supplies
21.84	10107010	42200	Operating Supplies
12.95	10107010	43100	Professional Services
692.29	10107010	42200	Operating Supplies
1,800.00	10107010	42200	Operating Supplies
277.28	10107010	43100	Professional Services
207.83	10107010	42200	Operating Supplies
22.82	10107010	42200	Operating Supplies
4,125.00	10107010	42200	Operating Supplies
495.00	10107010	43100	Professional Services
165.88	10107010	42200	Operating Supplies
475.61	10107010	42200	Operating Supplies
274.95	10107010	42200	Operating Supplies

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				113.08	10107010	42200	Operating Supplies		
				132.49	10107010	42200	Operating Supplies		
				151.50	10107010	42200	Operating Supplies		
				1,881.00	10107010	42200	Operating Supplies		
				62.21	10107010	42200	Operating Supplies		
				125.53	10107010	42200	Operating Supplies		
				94.56	10107010	42200	Operating Supplies		
				1,000.00	10107010	42200	Operating Supplies		
				1,228.80	10107010	43100	Professional Services		
				1,963.27	10107010	43100	Professional Services		
				56.04	10107010	43100	Professional Services		
				1,339.00	10107010	43100	Professional Services		
				1,600.00	10107010	43100	Professional Services		
				662.21	10107010	42200	Operating Supplies		
				56.06	10107010	42200	Operating Supplies		
				19.99	10107010	43100	Professional Services		
				55.00	10107010	42200	Operating Supplies		
				450.00	10107010	42200	Operating Supplies		
				58.38	10107010	42200	Operating Supplies		
				21.36	10107010	42200	Operating Supplies		
				12.82	10107010	42200	Operating Supplies		
				640.00	10107010	42200	Operating Supplies		
				335.00	10107010	43100	Professional Services		
				76.51	10107010	42200	Operating Supplies		
				CHECK				75582 TOTAL:	44,591.53
75583	01/16/2025	MANL	2452 Regions Bank	100654	1224CC-Police	12/31/2024	1224CC		37,035.77
				46.06	10108015	43200	Comms And Transportation		
				35.00	10108015	43200	Comms And Transportation		
				35.00	10108015	43200	Comms And Transportation		
				35.00	10108015	43200	Comms And Transportation		
				45.00	10108015	43200	Comms And Transportation		
				395.00	10108013	43200	Comms And Transportation		
				5.00	10108013	43100	Professional Services		
				71.00	10108015	42200	Operating Supplies		
				588.60	10108015	43200	Comms And Transportation		
				588.60	10108015	43200	Comms And Transportation		
				614.22	10108015	42200	Operating Supplies		
				1,800.00	10108015	42200	Operating Supplies		
				306.52	10108015	43200	Comms And Transportation		
				15.98	10108015	42200	Operating Supplies		
				788.20	10108015	43200	Comms And Transportation		
				5,139.99	23308011	43100	Professional Services		
				19.99	10108013	42200	Operating Supplies		
				5,200.00	10108015	42200	Operating Supplies		
				550.00	10108013	43200	Comms And Transportation		
				89.57	10108015	43200	Comms And Transportation		
				494.96	10108015	43200	Comms And Transportation		
				545.96	10108013	43200	Comms And Transportation		
				22.45	10108015	43200	Comms And Transportation		

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545.96	10108013	43200	Comms And Transportation
669.50	10108015	43100	Professional Services
161.28	10108015	43200	Comms And Transportation
161.28	10108015	43200	Comms And Transportation
161.28	10108015	43200	Comms And Transportation
350.00	10108011	43200	Comms And Transportation
38.07	10108011	42200	Operating Supplies
138.09	10108011	42200	Operating Supplies
220.00	10108011	43100	Professional Services
172.79	10108011	42200	Operating Supplies
128.09	10108011	42200	Operating Supplies
126.26	10108011	42200	Operating Supplies
156.00	10108011	42200	Operating Supplies
99.96	10108015	42200	Operating Supplies
91.80	10108011	42200	Operating Supplies
21.29	10108011	42200	Operating Supplies
1,492.93	10108011	42200	Operating Supplies
46.39	10108011	42200	Operating Supplies
53.96	10108011	42200	Operating Supplies
90.59	10108011	42200	Operating Supplies
63.95	10108011	42200	Operating Supplies
102.67	10108011	42200	Operating Supplies
391.65	10108011	43100	Professional Services
22.99	10108015	42200	Operating Supplies
117.11	10108015	42200	Operating Supplies
75.00	10108011	43100	Professional Services
237.73	10108015	42200	Operating Supplies
456.46	10108013	43200	Comms And Transportation
324.00	10108011	43100	Professional Services
954.58	10108013	43100	Professional Services
260.47	10108013	43100	Professional Services
75.00	10108011	43100	Professional Services
260.47	10108013	43100	Professional Services
-143.75	10108015	43200	Comms And Transportation
35.00	10108015	43200	Comms And Transportation
35.00	10108015	43200	Comms And Transportation
362.35	10108015	43200	Comms And Transportation
362.35	10108015	43200	Comms And Transportation
25.00	10108013	43200	Comms And Transportation
25.00	10108013	43100	Professional Services
730.40	10108013	43100	Professional Services
100.00	10108013	43100	Professional Services
1,471.54	10108013	43200	Comms And Transportation
51.38	10108015	43200	Comms And Transportation
1,307.85	10108015	43200	Comms And Transportation
3,597.00	10108015	43200	Comms And Transportation
1,249.00	10108015	43200	Comms And Transportation
194.78	10108012	43200	Comms And Transportation
850.00	10108012	43200	Comms And Transportation
148.24	10108011	42200	Operating Supplies
159.80	10108011	42200	Operating Supplies
69.35	10108012	42200	Operating Supplies

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					515.79	10108012	42200	Operating Supplies		
					189.99	10108012	42200	operating Supplies		
								CHECK	75583	TOTAL: 37,035.77
75584	01/16/2025	MANL	2452 Regions Bank		100640	1224CC-DPW		12/31/2024	22401191	1224CC 40.00
					40.00	62609014	43200	Comms And Transportation		
								CHECK	75584	TOTAL: 40.00
75585	01/16/2025	MANL	2452 Regions Bank		100641	1224CC-DPW		12/31/2024	22401410	1224CC 3,450.95
					3,450.95	60609014	43500	Utility Services		
								CHECK	75585	TOTAL: 3,450.95
75586	01/16/2025	MANL	2452 Regions Bank		100642	1224CC-DPW		12/31/2024	1224CC	17,933.71
					1,601.25	10106192	42200	operating Supplies		
					41.10	10106192	42200	operating Supplies		
					14.45	10106192	42200	operating Supplies		
					13.35	10106192	42200	operating Supplies		
					589.46	10106192	42200	operating Supplies		
					102.88	10106192	42200	operating Supplies		
					688.00	10106192	42200	operating Supplies		
					503.04	10106192	42200	operating Supplies		
					200.00	10109012	43100	Professional Services		
					3,093.44	10109012	43100	Professional Services		
					212.26	10109012	43100	Professional Services		
					1,632.94	10109012	43100	Professional Services		
					86.61	10109012	43100	Professional Services		
					58.71	10106192	42200	operating Supplies		
					238.00	10109012	43100	Professional Services		
					178.50	10109012	43100	Professional Services		
					238.00	10109012	43100	Professional Services		
					238.00	10109012	43100	Professional Services		
					238.00	10109012	43100	Professional Services		
					172.90	10106192	42200	operating Supplies		
					310.69	10106192	42200	operating Supplies		
					37.45	10106192	42200	operating Supplies		
					16.05	10106192	42200	operating Supplies		
					51.93	10106192	42200	operating Supplies		
					29.14	10106192	42200	operating Supplies		
					200.00	10109013	43100	Professional Services		
					25.67	10106192	42200	operating Supplies		
					14.71	10106192	42200	operating Supplies		
					17.96	10106192	42200	operating Supplies		
					3,838.10	10106192	42200	operating Supplies		
					594.00	60609014	42200	operating Supplies		
					2,592.68	60609014	43100	Professional Services		
					64.44	60609014	42200	operating Supplies		

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME
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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME
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Report generated: 01/16/2025 08:26
User: clarkc
Program ID: apcshdsb

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

35.00	10105012	43200	Comms And Transportation
18.29	10105012	43200	Comms And Transportation
29.99	10105011	43200	Comms And Transportation
259.00	10105011	42200	Operating Supplies
808.00	10105011	42200	Operating Supplies
96.25	10105015	42231	Uniforms
19.10	10105012	43200	Comms And Transportation
1,966.00	10105015	42231	Uniforms
107.42	10105014	42200	Operating Supplies
214.84	10105014	42200	Operating Supplies
214.84	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
429.67	10105014	42200	Operating Supplies
429.67	10105014	42200	Operating Supplies
429.67	10105014	42200	Operating Supplies
157.41	10105011	42200	Operating Supplies
137.09	10105011	42200	Operating Supplies
124.16	10105011	42200	Operating Supplies
599.00	10105015	43200	Comms And Transportation
5.99	10105015	43200	Comms And Transportation
19.99	10105011	43200	Comms And Transportation
25.96	10105011	42200	Operating Supplies
15.37	10105011	42200	Operating Supplies
12.00	10105011	43200	Comms And Transportation
58.86	10105011	42200	Operating Supplies
14.30	10105011	42200	Operating Supplies
37.89	10105011	42200	Operating Supplies
34.08	10105011	42200	Operating Supplies
58.52	10105011	42200	Operating Supplies
12.54	10105011	42200	Operating Supplies
76.28	10105011	42200	Operating Supplies
335.30	10105011	42200	Operating Supplies
214.83	10105014	42200	Operating Supplies
66.11	10105016	42200	Operating Supplies
99.92	10105013	42200	Operating Supplies
94.50	10105013	42200	Operating Supplies
177.79	10105013	42200	Operating Supplies
-49.96	10105013	42200	Operating Supplies
189.76	10105013	42200	Operating Supplies
74.94	10105013	42200	Operating Supplies
83.18	10105013	42200	Operating Supplies

CHECK 75588 TOTAL: 14,499.71

75589 01/16/2025 MANL 2452 Regions Bank

 100648 1224CC-Fleet
 45.00 10106010 43100
 15.00 10106010 43100
 20.00 10106010 43100

 12/31/2024
 Professional Services
 Professional Services
 Professional Services

1224CC 8,531.59

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

					15.00	10106010	43100	Professional Services				
					48.89	10106010	42200	Operating Supplies				
					7,384.19							
						E 10324001	.LANDSC.LANDSC.					
						10101013	44920	Capital Expenses				
					111.55	10106010	42200	Operating Supplies				
					157.50	10106010	42200	Operating Supplies				
					26.98	10106010	42200	Operating Supplies				
					584.00	10106010	42200	Operating Supplies				
					123.48	20106010	42200	Operating Supplies				
						CHECK	75589	TOTAL:			8,531.59	
75590	01/16/2025	MANL	2452	Regions Bank	100650	1224CC-IT		12/31/2024 22400190 1224CC			1,858.34	
					139.90	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					284.85	10106050	43100	Professional Services				
					399.43	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					279.85	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					210.00	10106050	43100	Professional Services				
					139.61	10106050	43100	Professional Services				
						CHECK	75590	TOTAL:			1,858.34	
75591	01/16/2025	MANL	2452	Regions Bank	100651	1224CC-IT		12/31/2024 22400190 1224CC			156.85	
					156.85	60606050	43100	Professional Services				
						CHECK	75591	TOTAL:			156.85	
75592	01/16/2025	MANL	2452	Regions Bank	100652	1224CC-IT		12/31/2024 1224CC			3,608.92	
					206.02	10106050	43100	Professional Services				
					11.99	10106050	43100	Professional Services				
					524.05	10106050	43100	Professional Services				
					39.80	10106050	43100	Professional Services				
					.40	10106050	43100	Professional Services				
					19.99	10106050	43100	Professional Services				
					79.95	10106050	43100	Professional Services				
					947.85	10106050	43200	Comms And Transportation				
					154.90							
						E 21224003	.PROFSE.					
						27155058	43100	Professional Services				
					129.07	10106050	43100	Professional Services				
					134.90	10106050	43100	Professional Services				
					139.90	10106050	43100	Professional Services				
					148.85	10106050	43100	Professional Services				
					219.80	10106050	43100	Professional Services				
					84.90	10106050	43100	Professional Services				

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

 279.85 10106050 43100
 199.85 10106050 43100
 286.85 10106050 43100

 Professional Services
 Professional Services
 Professional Services

CHECK 75592 TOTAL: 3,608.92

75593 01/16/2025 MANL 2452 Regions Bank

 100653 1224CC-Planning
 305.00 10103012 43200
 396.00 10103012 43200
 27.48 10103012 42200
 222.82 21703012 42200
 487.72 10101014 42200
 25.00 10103012 43200
 45.12 10103012 42200
 28.75 10103012 43300
 29.77 10103012 43300
 25.92 10103012 43300
 28.75 10103012 43300
 -14.74 10103012 42200
 13.38 10103012 42200
 26.86 10103012 43300
 29.77 10103012 43300
 3,328.00 21703012 42200
 19.48 10103012 43100

 12/31/2024 1224CC
 Comms And Transportation
 Comms And Transportation
 Operating Supplies
 Operating Supplies
 Operating Supplies
 Comms And Transportation
 Operating Supplies
 Printing And Advertising
 Printing And Advertising
 Printing And Advertising
 Printing And Advertising
 Operating Supplies
 Operating Supplies
 Printing And Advertising
 Printing And Advertising
 Operating Supplies
 Professional Services

5,025.08

CHECK 75593 TOTAL: 5,025.08

75594 01/16/2025 MANL 2452 Regions Bank

 100649 1224CC-HealthDept
 597.62 10103011 42200
 590.13 10103011 42200
 10.98 10103011 42200
 305.00 10103011 43200
 1,237.89 10103011 43100
 125.00 10103011 43100
 264.00 21205058 43100
 70.39 21205058 43100
 9.96 21205058 43100
 29.13 21205058 42200
 49.37 21205058 43100
 27.50 21205058 42200
 42.72 21205058 42200
 18.00 21205058 42200
 39.78 21205058 42200
 20.34 21205058 42200
 27.50 21205058 42200
 632.75 21205058 42200
 5.99 21205058 42200
 183.50 21205058 43200
 29.23 21205058 42200
 18.00 21205058 43100

 12/31/2024 1224CC
 Operating Supplies
 Operating Supplies
 Operating Supplies
 Comms And Transportation
 Professional Services
 Professional Services
 Professional Services
 Professional Services
 Professional Services
 Operating Supplies
 Professional Services
 operating Supplies
 Operating Supplies
 operating Supplies
 operating Supplies
 operating Supplies
 operating Supplies
 operating Supplies
 operating Supplies
 Comms And Transportation
 operating Supplies
 Professional Services

4,758.83

A/P CASH DISBURSEMENTS JOURNAL

 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

					14.99	21205058	43100	Professional Services			
					30.00	21205058	42200	Operating Supplies			
					17.11	21205058	42200	Operating Supplies			
					40.00	21205058	43200	Comms And Transportation			
					40.00	21205058	43200	Comms And Transportation			
					40.00	21205058	43200	Comms And Transportation			
					51.86	10103011	42200	Operating Supplies			
					42.76	10103011	42200	Operating Supplies			
					147.33	10103011	42200	Operating Supplies			
					CHECK					75594 TOTAL:	4,758.83
75595	01/16/2025	MANL	2452	Regions Bank	100657	1224CC-Controller	12/31/2024	22401383	1224CC		377.64
					136.41	10101013	42200	Operating Supplies			
					22.74	60601013	42200	Operating Supplies			
					22.74	62601013	42200	Operating Supplies			
					48.93	10101013	42200	Operating Supplies			
					8.16	60601013	42200	Operating Supplies			
					8.16	62601013	42200	Operating Supplies			
					97.89	10101013	42200	Operating Supplies			
					16.31	60601013	42200	Operating Supplies			
					16.30	62601013	42200	Operating Supplies			
					CHECK					75595 TOTAL:	377.64
75596	01/16/2025	MANL	2452	Regions Bank	100658	1224CC-Controller	12/31/2024		1224CC		101.98
					9.98	10101013	42200	Operating Supplies			
					92.00	10101013	43100	Professional Services			
					CHECK					75596 TOTAL:	101.98
75597	01/16/2025	MANL	2452	Regions Bank	100659	1224CC-Controller	12/31/2024	22201186	1224CC		2,118.94
					2,118.94	60601013	43200	Comms And Transportation			
					CHECK					75597 TOTAL:	2,118.94
75598	01/16/2025	MANL	2452	Regions Bank	100660	1224CC-Controller	12/31/2024	22301417	1224CC		357.69
					223.56	60601013	43200	Comms And Transportation			
					134.13	62601013	43200	Comms And Transportation			
					CHECK					75598 TOTAL:	357.69
75599	01/16/2025	MANL	2452	Regions Bank	100644	1224CC-Engineering	12/31/2024	22401284	1224CC		584.02
					562.02	20104010	43100	Professional Services			
					4.00	20104010	43100	Professional Services			
					4.00	20104010	43100	Professional Services			
					14.00	20104010	43100	Professional Services			

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE

PO

WARRANT

NET

						CHECK	75599 TOTAL:	584.02
75600	01/16/2025	MANL	2452 Regions Bank	100645	1224CC-Engineering	12/31/2024	1224CC	666.00
				175.00	60604010 42200	Operating Supplies		
				175.00	20104010 42200	Operating Supplies		
				316.00	60604010 43100	Professional Services		
						CHECK	75600 TOTAL:	666.00
75601	01/16/2025	MANL	2452 Regions Bank	100643	1224CC-EconDev	12/31/2024	1224CC	564.64
				41.86	10101014 42200	Operating Supplies		
				12.10	10101014 42200	Operating Supplies		
				42.19	10101014 42200	Operating Supplies		
				337.98	10101014 42200	Operating Supplies		
				130.51	10101014 42200	Operating Supplies		
						CHECK	75601 TOTAL:	564.64
75602	01/16/2025	MANL	2452 Regions Bank	100639	1224CC-Clerk	12/31/2024	1224CC	263.14
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				28.84	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
				39.05	10102010 43100	Professional Services		
						CHECK	75602 TOTAL:	263.14

NUMBER OF CHECKS 33 *** CASH ACCOUNT TOTAL *** 214,926.42

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	33	214,926.42

*** GRAND TOTAL *** 214,926.42

CASH ACCOUNT: 99900000 10103					FIB Health/Flex Account
CHECK NO	CHK	DATE	TYPE	VENDOR NAME	VOUCHER

Report generated: 01/16/2025 12:26
User: clarkc
Program ID: apcshdsb

A/P CASH DISBURSEMENTS JOURNAL
 CASH ACCOUNT: 99900000 10100 APCash
 CHECK NO CHK DATE TYPE VENDOR NAME

VOUCHER INVOICE

INV DATE PO

WARRANT

NET

75603	01/16/2025	EFT	1431 Hamilton Southeaster	100033	93841	01/09/2025	11625EP	82,100.00
				82,100.00				

 E 10324001 .SCHOOL.
 10101013 44920

Capital Expenses

CHECK 75603 TOTAL: 82,100.00

75604	01/16/2025	EFT	5099 Lincoln on Fishers L	100163	THBC Grant	01/02/2025	11625EP	60,000.00
				60,000.00	43510000 43100	Professional Services		

CHECK 75604 TOTAL: 60,000.00

75605	01/16/2025	EFT	343 OneZone Inc	100341	84901	01/14/2025	11625EP	1,950.00
				1,950.00	10101011 43100	Professional Services		

CHECK 75605 TOTAL: 1,950.00

75606	01/16/2025	EFT	5002 Otodus Megalodon Pro	100071	2025 COF_CPG	01/09/2025	11625EP	132,950.00
				132,950.00	47140000 44920	Capital Expenses		

CHECK 75606 TOTAL: 132,950.00

NUMBER OF CHECKS 4 *** CASH ACCOUNT TOTAL *** 277,000.00

		COUNT	AMOUNT
TOTAL EFT'S		4	277,000.00

*** GRAND TOTAL *** 277,000.00

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825H 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10103				FIB Health/Flex Account						
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2650	Community Health Netw	0000		EFT	02/13/2025	EHS-001875		94364	100663	
ACCOUNT DETAIL						LINE AMOUNT				
1	70400000 43100	EHF		PROSERVICE		38,977.48				
						CHECK TOTAL	38,977.48			
							38,977.48			
						CHECK TOTAL	38,977.48			
3097	Southeastern Indiana	0000		EFT	02/01/2025	0000058015		94604	100913	
ACCOUNT DETAIL						LINE AMOUNT				
1	70400000 43100	EHF		PROSERVICE		836,603.50				
						CHECK TOTAL	836,603.50			
							836,603.50			
						CHECK TOTAL	836,603.50			
2	INVOICES	WARRANT TOTAL				875,580.98	875,580.98			
CASH ACCOUNT BALANCE							-6,378,807.81			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
283	3M Company		0000		EFT	01/15/2025	9431859505		93411	99565	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			1,188.37			
								1,188.37			
283	3M Company		0000		EFT	01/09/2025	9431766441		93570	99732	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			790.48			
								790.48			
283	3M Company		0000	22500035	EFT	01/19/2025	9431945958		94024	100229	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105013 42200		GenLogist	OPERSUP			3,229.36			
								3,229.36			
							CHECK TOTAL	5,208.21			
3225	4th Hawk Media LLC		0000		EFT	02/06/2025	R5463		93829	100021	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10107010 43100		GenParks	PROSERVICE			34.53			
								34.53			
							CHECK TOTAL	34.53			
2299	539 Apparel LLC		0000		EFT	02/01/2025	1007762		93663	99847	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105011 42200		GenFireAdm	OPERSUP			98.00			
								98.00			
2299	539 Apparel LLC		0000		EFT	02/12/2025	1007829		94013	100217	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105011 42200		GenFireAdm	OPERSUP			60.00			
								60.00			
							CHECK TOTAL	158.00			
5031	911 Fleet & Fire Equi		0000	22401171	EFT	02/02/2025	INV-08143		93705	99890	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105014 42200		GenSpecOps	OPERSUP			22,420.00			
								22,420.00			
							CHECK TOTAL	22,420.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670365		93697	99881	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			55.00			
									55.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670359		93702	99885	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			50.00			
									50.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670361		93704	99888	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			35.00			
									35.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670349		93706	99889	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	43100		SewPWWater	PROSERVICE			70.00			
									70.00			
316	AAA Exterminating Inc			0000		EFT	02/07/2025	670789		93888	100082	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			40.00			
									40.00			
316	AAA Exterminating Inc			0000		EFT	02/07/2025	670815		93889	100083	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			
316	AAA Exterminating Inc			0000		EFT	02/07/2025	670801		93890	100084	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670374		94139	100356	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			
316	AAA Exterminating Inc			0000		EFT	01/29/2025	670385		94140	100357	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			45.00			
									45.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc			0000		EFT	01/27/2025	670266		94435	100738	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	21105058	43100		MNCPLHDFNBROSERVICE			52.50				
	2	21205058	43100		CHD PROSERVICE			52.50				
									105.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669446		94468	100774	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			45.00				
									45.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669438		94469	100775	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669445		94470	100776	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	01/17/2025	669458		94473	100779	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			225.00				
									225.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671628		94476	100782	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671629		94477	100783	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			45.00				
									45.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671612		94478	100784	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			55.00				
									55.00			
316	AAA Exterminating Inc			0000		EFT	02/15/2025	671607		94479	100785	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild PROSERVICE			40.00				
									40.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
316	AAA Exterminating Inc	0000		EFT	02/15/2025	671634		94480	100786		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		15.00	15.00				
316	AAA Exterminating Inc	0000		EFT	02/15/2025	671353		94481	100788		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		60.00	60.00				
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671385		94484	100791		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		55.00	55.00				
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671411		94486	100793		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		60.00	60.00				
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671416		94487	100794		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		60.00	60.00				
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671437		94488	100795		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		60.00	60.00				
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671496		94489	100796		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		60.00	60.00				
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671448		94490	100797		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		80.00	80.00				
316	AAA Exterminating Inc	0000		EFT	02/15/2025	671487		94491	100798		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		225.00	225.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000		EFT	02/14/2025	671466		94493	100800	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		240.00				
							240.00			
316	AAA Exterminating Inc	0000		EFT	02/15/2025	671679		94621	100933	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		180.00				
							180.00			
316	AAA Exterminating Inc	0000		EFT	02/16/2025	671863		94627	100942	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		100.00				
							100.00			
						CHECK TOTAL	2,305.00			
2985	ABC Cutting Contracto	0000		EFT	01/13/2025	158109		93958	100159	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		400.00				
							400.00			
						CHECK TOTAL	400.00			
62	Accent Coatings LLC	0000	22400932	EFT	01/29/2025	4045		93959	100160	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		34,700.00				
							34,700.00			
						CHECK TOTAL	34,700.00			
4467	Accurate Cutting Tech	0000		EFT	01/15/2025	70312		94244	100463	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		24.00				
	2 10107010 42200		GenParks	OPERSUP		99.00				
							123.00			
4467	Accurate Cutting Tech	0000		EFT	02/16/2025	70546		94611	100921	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		101.00				
							101.00			
						CHECK TOTAL	224.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2078	Action Equipment Sale			0000	22401208	EFT	01/19/2025	PSI25-0114		94112	100328	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105010	44500		GenFire	MACHEQPT		8,532.00				
									8,532.00			
								CHECK TOTAL	8,532.00			
5101	Adrienne Maynard			0000		EFT	01/17/2025	24151		94123	100338	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43100		GenPR	PROSERVICE		1,180.00				
									1,180.00			
								CHECK TOTAL	1,180.00			
124	Airgas, Inc.			0000		EFT	01/15/2025	9156556551		93664	99848	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105012	43100		GenEMS	PROSERVICE		41.10				
									41.10			
124	Airgas, Inc.			0000		EFT	01/29/2025	9156897493		93772	99958	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105012	43100		GenEMS	PROSERVICE		42.79				
									42.79			
124	Airgas, Inc.			0000		EFT	02/05/2025	9157061141		94014	100219	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105012	43100		GenEMS	PROSERVICE		41.10				
									41.10			
								CHECK TOTAL	124.99			
4302	Alexandra Hancock			0000		INV	01/23/2025	122324		94462	100766	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43200		GenPR	COMMTRANS		37.79				
									37.79			
4302	Alexandra Hancock			0000		INV	01/14/2025	121424		94463	100768	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43200		GenPR	COMMTRANS		19.77				
									19.77			
								CHECK TOTAL	57.56			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2603	Almost Home Kennel LL		0000		EFT	11/17/2024	35994		93516	99675	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10108012 43100		GenPatrol	PROSERVICE			148.00			
								148.00			
2603	Almost Home Kennel LL		0000		EFT	01/09/2025	36197		93549	99711	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10108012 43100		GenPatrol	PROSERVICE			148.00			
								148.00			
							CHECK TOTAL	296.00			
90	Amazon Web Services L		0000	22400507	EFT	01/31/2025	1988955669		93742	99928	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE			2,091.62			
	2	60606050 43100		SewIT	PROSERVICE			261.46			
	3	62606050 43100		SWIT	PROSERVICE			261.46			
	4	10106050 43100		GenIT	PROSERVICE			2,876.44			
	5	60606050 43100		SewIT	PROSERVICE			2,876.43			
	6	62606050 43100		SWIT	PROSERVICE			239.70			
								8,607.11			
							CHECK TOTAL	8,607.11			
808	Amazon.com LLC		0000		EFT	01/15/2025	1GJ4-7PTP-1VWQ		93394	99546	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP			42.77			
								42.77			
808	Amazon.com LLC		0000		EFT	01/17/2025	1GHL-F6NY-QGWM		93424	99578	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 42200		GenPZ	OPERSUP			136.81			
								136.81			
808	Amazon.com LLC		0000		EFT	01/22/2025	1YCL-YT73-19JR		93425	99579	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 42200		GenPZ	OPERSUP			14.59			
								14.59			
808	Amazon.com LLC		0000		EFT	02/01/2025	1NJF-WFDN-MRT9		93428	99582	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 42200		GenPZ	OPERSUP			20.69			
								20.69			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	01/11/2025	1NML-NJ1M-QMYD		93474	99630	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 42200		GenHR	OPERSUP		51.70	51.70			
808	Amazon.com LLC	0000		EFT	01/18/2025	1FJL-3HKD-676Q		93512	99672	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSprpt	OPERSUP		51.64	51.64			
808	Amazon.com LLC	0000		EFT	01/26/2025	1XTM-HRVV-TDRD		93544	99706	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		174.04	174.04			
808	Amazon.com LLC	0000		EFT	01/16/2025	11PD-FLKD-J43Q		93552	99714	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSprpt	OPERSUP		57.60	57.60			
808	Amazon.com LLC	0000		EFT	02/02/2025	16KN-J33R-6LHT		93556	99718	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108013 42200		GenInvstgt	OPERSUP		43.98	43.98			
808	Amazon.com LLC	0000	22401079	EFT	01/29/2025	1CKV-X63R-JRXX		93609	99773	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		15.84	15.84			
808	Amazon.com LLC	0000	22401079	EFT	01/22/2025	1DR7-MWDL-4F46		93611	99775	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		103.33	103.33			
808	Amazon.com LLC	0000	22401079	EFT	01/18/2025	1FFP-XT4X-4HPN		93612	99776	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		22.79	22.79			
808	Amazon.com LLC	0000	22401418	EFT	09/26/2024	16H1-4DQY-GL4Q		93662	99846	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108013 42200		GenInvstgt	OPERSUP		89.44	89.44			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	01/22/2025	1HP6-1TRK-6K4F		93665	99849	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		135.92	135.92			
808	Amazon.com LLC	0000		EFT	01/29/2025	1KNR-NVRJ-1HX3		93666	99850	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		45.97	45.97			
808	Amazon.com LLC	0000		EFT	01/18/2025	1KYN-9KYY-6C3K		93667	99851	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		339.50	339.50			
808	Amazon.com LLC	0000		EFT	01/18/2025	1YWV-DDVD-11LH		93668	99852	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 42200		GenFireAdm	OPERSUP		166.98	166.98			
808	Amazon.com LLC	0000		EFT	01/29/2025	14H9-J3LM-1JR9		93669	99853	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		131.44	131.44			
808	Amazon.com LLC	0000		EFT	01/18/2025	16T6-WTQP-14L9		93670	99854	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105016 42200		GenExAff	OPERSUP		143.92	143.92			
808	Amazon.com LLC	0000	22400834	EFT	01/22/2025	11HG-PYKX-341F		93736	99922	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 42200		GenIT	OPERSUP		94.33				
	2 60606050 42200		SewIT	OPERSUP		94.33				
	3 62606050 42200		SWIT	OPERSUP		94.33				
	4 10106050 42200		GenIT	OPERSUP		88.00				
	5 60606050 42200		SewIT	OPERSUP		87.99				
	6 10106050 42200		GenIT	OPERSUP		323.98				
	7 10106050 42200		GenIT	OPERSUP		817.75	1,600.71			

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22400834	EFT	02/05/2025	1RNV-RGH6-NHGT		93740	99926	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 42200		GenIT	OPERSUP		305.74				
	2 10106050 42200		GenIT	OPERSUP		333.00				
	3 21106050 42200		MHFIT	OPERSUP		479.88				
	4 10106050 42200		GenIT	OPERSUP		433.99				
							1,552.61			
808	Amazon.com LLC	0000	22401422	EFT	02/01/2025	1FHG-NL9X-H61F		93810	100001	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		26,975.17				
							26,975.17			
808	Amazon.com LLC	0000	22401422	EFT	02/02/2025	1JX1-XYGV-CWH3		93812	100003	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		65.50				
							65.50			
808	Amazon.com LLC	0000	22401422	EFT	01/15/2025	1N1H-MYHX-1QXJ		93813	100004	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		261.03				
							261.03			
808	Amazon.com LLC	0000	22401422	EFT	02/01/2025	1VTL-GWYR-FV41		93814	100005	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		18,063.95				
							18,063.95			
808	Amazon.com LLC	0000	22401422	EFT	01/04/2025	11HK-4JVC-VX69		93815	100006	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		344.66				
							344.66			
808	Amazon.com LLC	0000	22401422	EFT	01/19/2025	143N-HMGG-J3XV		93816	100007	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		379.26				
							379.26			
808	Amazon.com LLC	0000		EFT	02/07/2025	17PP-HK9M-C6MN		93837	100029	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 42200		GenFireAdm	OPERSUP		60.14				
							60.14			
808	Amazon.com LLC	0000		EFT	01/21/2025	1WX9-R3NK-YYQD		93862	100056	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		67.22				

Report generated: 01/23/2025 10:28:08
 User: Carrie Clark (clarkc)
 Program ID: apwarrnt

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash					AMOUNT	DOCUMENT	VOUCHER	CHECK
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE				
808	Amazon.com LLC	0000		EFT	01/19/2025	1PJX-RRJL-F3RK	67.22	93864	100058	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101013 42200		GenContr	OPERSUP			12.39			
808	Amazon.com LLC	0000		EFT	01/26/2025	1PNP-YHFF-R1GQ	12.39	93866	100060	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP			20.55			
808	Amazon.com LLC	0000		EFT	02/02/2025	1RNV-RGH6-7VMW	20.55	93870	100064	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101013 42200		GenContr	OPERSUP			31.96			
808	Amazon.com LLC	0000		EFT	02/08/2025	11XN-CRFR-LC76	31.96	93898	100093	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP			74.61			
808	Amazon.com LLC	0000		EFT	02/08/2025	1NRJ-J4CR-JC1Y	74.61	93911	100107	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP			71.04			
	2 10108013 42200		GenInvstgt	OPERSUP			97.95			
808	Amazon.com LLC	0000		EFT	01/09/2025	16CV-FD4N-RK1R	168.99	93933	100131	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 42200		GenPR	OPERSUP			26.48			
808	Amazon.com LLC	0000		EFT	01/10/2025	1WCT-QJMN-FRKN	26.48	93935	100133	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP			66.52			
808	Amazon.com LLC	0000		EFT	01/10/2025	1VJC-7L63-GTN1	66.52	93936	100134	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP			8.57			
808	Amazon.com LLC	0000		EFT	01/15/2025	1GVQ-K4GK-7467	8.57	93941	100139	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP			13.46			
							13.46			

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WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
808	Amazon.com LLC	0000		EFT	01/15/2025	17C7-PG4T-9YVG		93942	100140		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 42200		GenFndCS	OPERSUP		7.97					
							7.97				
808	Amazon.com LLC	0000		EFT	01/15/2025	144N-DKC9-9Q36		93945	100143		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 42200		GenFndCS	OPERSUP		142.34					
							142.34				
808	Amazon.com LLC	0000		EFT	01/15/2025	19V9-JD1W-1RK1		93946	100144		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 42200		GenFndCS	OPERSUP		42.44					
							42.44				
808	Amazon.com LLC	0000		EFT	01/15/2025	1D47-Q3PX-19DT		93951	100151		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101016 42200		GenPR	OPERSUP		66.53					
							66.53				
808	Amazon.com LLC	0000		EFT	01/18/2025	13LM-YDKN-3PYN		93953	100154		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 42200		GenMayorOf	OPERSUP		249.52					
							249.52				
808	Amazon.com LLC	0000		EFT	02/01/2025	1K4G-Q6WH-GTR4		93996	100200		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-218.99					
							-218.99				
808	Amazon.com LLC	0000		EFT	02/08/2025	1GHN-LP3J-JNKC		94007	100211		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		95.88					
							95.88				
808	Amazon.com LLC	0000		EFT	02/12/2025	1P11-NDW6-94XJ		94015	100220		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 42200		GenFireAdm	OPERSUP		60.16					
							60.16				
808	Amazon.com LLC	0000		EFT	02/12/2025	11DQ-NWML-F3GF		94200	100420		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105016 42200		GenExAff	OPERSUP		59.11					
							59.11				

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/12/2025	1LV6-P4F4-HYQ7		94201	100421	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42200		GenSafeTr	OPERSUP		108.96	108.96			
808	Amazon.com LLC	0000		EFT	02/12/2025	1VJF-X946-FF3J		94202	100422	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105016 42200		GenExAff	OPERSUP		8.99	8.99			
808	Amazon.com LLC	0000		EFT	02/13/2025	1GQ6-NTVK-NLQJ		94215	100435	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNT	OPERSUP		423.76	423.76			
808	Amazon.com LLC	0000		EFT	02/13/2025	1Y9N-H733-TQWR		94249	100469	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		723.98	723.98			
808	Amazon.com LLC	0000		EFT	02/12/2025	1TPQ-9KPV-GGW4		94250	100470	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		46.61	46.61			
808	Amazon.com LLC	0000		EFT	02/13/2025	1YQV-7QWY-LJHL		94251	100471	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/13/2025	14NH-46PL-MCLH		94252	100472	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/13/2025	17JP-KGQK-QGGD		94253	100473	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/07/2025	1RWW-6YWY-CTGM		94291	100591	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		291.18				
	2 10108013 42200		GenInvstgt	OPERSUP		9.59				
	3 10108012 42200		GenPatrol	OPERSUP		590.37				
							891.14			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/13/2025	1VKF-CNCM-RGWW		94293	100513	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS	OPERSUP		38.87	38.87			
808	Amazon.com LLC	0000		EFT	02/07/2025	1YV9-6J3V-7JV1		94294	100593	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		152.72	152.72			
808	Amazon.com LLC	0000		EFT	02/12/2025	14F1-X3X9-HN3Q		94305	100526	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		153.21	153.21			
808	Amazon.com LLC	0000		EFT	02/12/2025	1HYH-M94R-H1TH		94306	100527	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		669.00	669.00			
808	Amazon.com LLC	0000		EFT	02/12/2025	11GF-6R14-DVVQ		94307	100528	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		67.67	67.67			
808	Amazon.com LLC	0000		EFT	02/14/2025	1Q6K-JHJL-13LM		94395	100697	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		97.53	97.53			
808	Amazon.com LLC	0000		EFT	02/14/2025	1V7C-19KK-WYJ7		94396	100698	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/14/2025	1LRH-T7Y7-11P9		94397	100699	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-112.08	-112.08			
808	Amazon.com LLC	0000		EFT	02/14/2025	13NH-MHLQ-XJ69		94398	100700	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		-251.91	-251.91			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/15/2025	1Y33-63Y9-CW9P		94423	100725	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 42200		MNCPLHDFNDPERSUP			199.98	199.98			
808	Amazon.com LLC	0000		EFT	02/14/2025	1XXR-C37X-13WV		94497	100804	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS OPERSUP			14.61	14.61			
808	Amazon.com LLC	0000		EFT	02/08/2025	11XN-CRFR-L1F3		94498	100805	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD OPERSUP			13.57	13.57			
808	Amazon.com LLC	0000		EFT	02/15/2025	19V9-DT3H-CJTH		94499	100806	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200		GenFndCS OPERSUP			11.40	11.40			
808	Amazon.com LLC	0000		EFT	02/08/2025	1LGP-X7QD-LNGR		94500	100807	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD OPERSUP			446.99	446.99			
808	Amazon.com LLC	0000		EFT	02/14/2025	1QWM-LGFF-1PHX		94503	100812	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD OPERSUP			181.50	181.50			
808	Amazon.com LLC	0000		EFT	02/15/2025	1Y9N-GWJD-DHHF		94519	100769	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108013 42200		GenInvstgt OPERSUP			154.98	154.98			
808	Amazon.com LLC	0000		EFT	02/09/2025	1ypm-l3wn-t94k		94528	100836	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 42200		GenPI OPERSUP			147.45	147.45			
808	Amazon.com LLC	0000		EFT	02/16/2025	1N37-PC7N-N9DJ		94552	100861	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNOPERSUP			9.42	9.42			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025

DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
808	Amazon.com LLC	0000		EFT	02/19/2025	16Q9-Q4KR-6NX6		94571	100881		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		614.51					
	2 10108015 42200		GenPDSpprt	OPERSUP		743.56					
							1,358.07				
808	Amazon.com LLC	0000		EFT	02/17/2025	1MXY-K4T3-31NH		94602	100912		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-27.99					
							-27.99				
808	Amazon.com LLC	0000		EFT	02/17/2025	1TWT-KPW3-YLMG		94603	100914		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-23.69					
							-23.69				
808	Amazon.com LLC	0000		EFT	02/17/2025	1VWD-1FFM-XX7G		94605	100915		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		-14.84					
							-14.84				
808	Amazon.com LLC	0000		EFT	02/20/2025	111T-K174-JGLF		94615	100926		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		64.34					
							64.34				
						CHECK TOTAL	57,193.61				
808	Amazon.com LLC	0000	22201233	EFT	01/19/2025	1VP7-1PH9-DKNL		93459	99614		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60604010 42200		SewEng	OPERSUP		26.10					
	2 62604010 42200		SWEng	OPERSUP		46.76					
							72.86				
						CHECK TOTAL	72.86				
808	Amazon.com LLC	0000	22201233	EFT	01/29/2025	1CRX-LQVX-1FFV		93653	99818		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60604010 42200		SewEng	OPERSUP		25.71					
	2 62604010 42200		SWEng	OPERSUP		46.07					
							71.78				
						CHECK TOTAL	71.78				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22201233	EFT	02/12/2025	13C9-KHX4-GHXT		94138	100355	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60604010 42200		SewEng	OPERSUP		9.67				
	2 62604010 42200		SWEng	OPERSUP		17.32				
							26.99			
						CHECK TOTAL	26.99			
2476	American Legal Publis	0000		EFT	01/15/2025	39060		93947	100146	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		500.00				
							500.00			
						CHECK TOTAL	500.00			
3891	American National Red	0000		EFT	02/15/2025	22751264		94612	100922	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		282.00				
							282.00			
						CHECK TOTAL	282.00			
36	American United Life	0000		INV	01/28/2025	20241201DS		94290	100503	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 43100		GenHR	PROSERVICE		400.00				
							400.00			
36	American United Life	0000		INV	01/28/2025	20241201AR01		94291	100511	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 43100		GenHR	PROSERVICE		1,442.50				
							1,442.50			
						CHECK TOTAL	1,842.50			
4596	Amilia Technologies U	0000		EFT	01/30/2025	1570079		93733	99919	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		1,432.74				
							1,432.74			
						CHECK TOTAL	1,432.74			
817	AMS Mechanical Servic	0000	22301285	EFT	02/14/2025	1417364		94294	100514	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		374.05				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							374.05			
						CHECK TOTAL	374.05			
2754	Amy Crell	0000	22401404	INV	01/13/2025	121324		93395	99547	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 42200		GenPR	OPERSUP			17.73			
	2 10101016 42200		GenPR	OPERSUP			4.74			
							22.47			
						CHECK TOTAL	22.47			
2468	Andrew R Mork	0000	22500034	EFT	01/18/2025	2158		93952	100153	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43100		GenPR	PROSERVICE			16,300.00			
							16,300.00			
						CHECK TOTAL	16,300.00			
5106	ANDRUS, MARY	0000		INV	02/13/2025	94149		94149	100368	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES			124.00			
							124.00			
						CHECK TOTAL	124.00			
5150	Anthony Valerio	0000		INV	02/12/2025	81820refund		94402	100704	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNT	OPERSUP			17.11			
							17.11			
						CHECK TOTAL	17.11			
243	Apparatus Service Co	0000		EFT	10/20/2024	51324		93588	99751	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE			85.00			
							85.00			
						CHECK TOTAL	85.00			
393	Applied Concepts, Inc	0000	22401024	EFT	01/03/2025	448970		93545	99707	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 42200		GenFleet	OPERSUP			8,703.75			
							8,703.75			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	8,703.75			
3788	Applied Engineering S	0000	22500078	EFT	01/26/2025	24-156-00-2415602		94634	100951	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		6,650.00				
						CHECK TOTAL	6,650.00			
4284	Avive Solutions Inc	0000	22401314	EFT	01/30/2025	INV6528		93701	99886	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		7,182.23				
						CHECK TOTAL	7,182.23			
566	Axon Enterprise Inc	0000	22500039	EFT	01/09/2025	INUS305109		93873	100067	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 42200		GenFleet	OPERSUP		5,967.90				
						CHECK TOTAL	5,967.90			
5107	BAKER, ERIC D.	0000		INV	02/13/2025	94152		94152	100371	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		62.00				
						CHECK TOTAL	62.00			
670	Bardach Awards, Inc.	0000		EFT	01/16/2025	334697		93949	100148	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		455.00				
						CHECK TOTAL	455.00			
1144	Barnes & Thornburg, L	0000	22400201	EFT	01/10/2025	3348680		93937	100135	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		6,215.96				
	2 60601011 43100		SewMayor	PROSERVICE		1,666.60				
	3 62601011 43100		SWMayor	PROSERVICE		450.44				
						CHECK TOTAL	8,333.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1144	Barnes & Thornburg, L			0000	22400201	EFT	01/15/2025	3349048		93939	100137	
ACCOUNT DETAIL				LINE AMOUNT								
1	10101011	43100			GenMayorOf	PROSERVICE			2,237.84			
2	60601011	43100			SewMayor	PROSERVICE			600.00			
3	62601011	43100			SWMayor	PROSERVICE			162.16			
									3,000.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	01/15/2025	3349056		93940	100138	
ACCOUNT DETAIL				LINE AMOUNT								
1	10101011	43100			GenMayorOf	PROSERVICE			2,237.84			
2	60601011	43100			SewMayor	PROSERVICE			600.00			
3	62601011	43100			SWMayor	PROSERVICE			162.16			
									3,000.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	01/15/2025	3349668		93944	100142	
ACCOUNT DETAIL				LINE AMOUNT								
1	10101011	43100			GenMayorOf	PROSERVICE			5,602.05			
2	60601011	43100			SewMayor	PROSERVICE			1,502.00			
3	62601011	43100			SWMayor	PROSERVICE			405.95			
									7,510.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	02/08/2025	3360215		93974	100174	
ACCOUNT DETAIL				LINE AMOUNT								
1	10101011	43100			GenMayorOf	PROSERVICE			6,215.96			
2	60601011	43100			SewMayor	PROSERVICE			1,666.60			
3	62601011	43100			SWMayor	PROSERVICE			450.44			
									8,333.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	02/12/2025	3361505		94124	100339	
ACCOUNT DETAIL				LINE AMOUNT								
1	10101011	43100			GenMayorOf	PROSERVICE			2,237.84			
2	60601011	43100			SewMayor	PROSERVICE			600.00			
3	62601011	43100			SWMayor	PROSERVICE			162.16			
									3,000.00			
1144	Barnes & Thornburg, L			0000	22400201	EFT	02/12/2025	3361508		94125	100340	
ACCOUNT DETAIL				LINE AMOUNT								
1	10101011	43100			GenMayorOf	PROSERVICE			2,237.84			
2	60601011	43100			SewMayor	PROSERVICE			600.00			
3	62601011	43100			SWMayor	PROSERVICE			162.16			
									3,000.00			
CHECK TOTAL									36,176.00			

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Detail Invoice List

WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
584	BBC Pump & Equipment		0000	22500070	EFT	02/07/2025	30090180		94638	100955	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60609014 43100			SewPWWaterPROSERVICE			2,103.00				
								2,103.00			
							CHECK TOTAL	2,103.00			
2764	BEC Enterprises LLC		0000	22500072	EFT	01/16/2025	INV30392		94637	100954	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 62609014 42200			SWPWWater OPERSUP			688.42				
	2 62609014 43100			SWPWWater PROSERVICE			2,244.00				
								2,932.42			
							CHECK TOTAL	2,932.42			
4313	Becky Wassermann		0000		EFT	03/01/2025	8		94226	100446	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10107010 43100			GenParks PROSERVICE			1,600.00				
								1,600.00			
							CHECK TOTAL	1,600.00			
5026	BELLING, ERIC & MOLLY		0000		INV	02/13/2025	94150		94150	100369	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900			Sew USERFEES			31.00				
								31.00			
							CHECK TOTAL	31.00			
592	Bernath LLC		0000	22401262	EFT	12/26/2024	75948-0001A		93867	100061	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10109013 44400			GenPWParks IMPROTHBUI			15,989.00				
								15,989.00			
							CHECK TOTAL	15,989.00			
608	BL Anderson Co., Inc.		0000	22401273	EFT	02/19/2025	034593		94574	100884	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60609014 42200			SewPWWaterOPERSUP			1,003.15				
								1,003.15			
							CHECK TOTAL	1,003.15			

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
373	Bound Tree Medical, L	0000		EFT	01/12/2025	85591077		93671	99855		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,190.71	1,190.71				
373	Bound Tree Medical, L	0000		EFT	01/15/2025	85592388		93672	99856		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		162.87	162.87				
373	Bound Tree Medical, L	0000		EFT	01/17/2025	85595860		93673	99857		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		823.67	823.67				
373	Bound Tree Medical, L	0000		EFT	01/18/2025	85597375		93674	99858		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,811.56	1,811.56				
373	Bound Tree Medical, L	0000		EFT	01/25/2025	85601956		93675	99859		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,010.36	1,010.36				
373	Bound Tree Medical, L	0000		EFT	01/26/2025	85603915		93773	99959		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		9.30	9.30				
373	Bound Tree Medical, L	0000		EFT	01/26/2025	85603916		93774	99960		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,753.29	1,753.29				
373	Bound Tree Medical, L	0000		EFT	01/26/2025	85603917		93775	99961		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		1,176.00	1,176.00				
373	Bound Tree Medical, L	0000		EFT	01/29/2025	85605189		93776	99962		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		335.70	335.70				

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
373	Bound Tree Medical, L	0000		EFT	01/29/2025	85605190		93777	99963	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		400.13	400.13			
373	Bound Tree Medical, L	0000		EFT	02/02/2025	85610807		93838	100030	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		973.30	973.30			
373	Bound Tree Medical, L	0000		EFT	02/02/2025	85610808		93839	100031	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		441.94	441.94			
373	Bound Tree Medical, L	0000		EFT	01/30/2025	85607124		93840	100032	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,899.99	1,899.99			
373	Bound Tree Medical, L	0000		EFT	02/01/2025	85609177		94016	100221	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		1,831.01	1,831.01			
373	Bound Tree Medical, L	0000		EFT	02/05/2025	85612355		94017	100223	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200		GenEMS	OPERSUP		34.29	34.29			
						CHECK TOTAL	13,854.12			
1704	Lisa Bradford	0000		INV	01/13/2025	93973		93973	100175	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601013 43200		SewContr	COMMTRANS		417.92				
	2 62601013 43200		SWContr	COMMTRANS		200.00				
							617.92			
						CHECK TOTAL	617.92			
632	Brehob Corporation	0000	22500002	EFT	01/09/2025	I-00014815		93768	99954	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWater	OPERSUP		883.88				
	2 60609014 43100		SewPWWater	PROSERVICE		3,691.75				
							4,575.63			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
632	Brehob Corporation	0000	22500073	EFT	01/22/2025	I-00015504		94639	100956	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			4,460.00				
							4,460.00			
632	Brehob Corporation	0000	22301365	EFT	12/13/2024	I-00015620		94664	100986	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP			23,820.24				
							23,820.24			
						CHECK TOTAL	32,855.87			
5124	BRIGGS, AARON J.	0000		INV	02/13/2025	94169		94169	100388	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		44.17				
							44.17			
						CHECK TOTAL	44.17			
5108	BRINES, LORI	0000		INV	02/13/2025	94153		94153	100372	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		88.67				
							88.67			
						CHECK TOTAL	88.67			
567	Buckeye Power Sales C	0000	22400785	EFT	01/29/2025	PSV400823		93575	99737	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			190.00				
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/29/2025	PSV400824		93576	99738	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			450.00				
							450.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/29/2025	PSV400825		93580	99742	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			150.00				
							150.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400944		93582	99744	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			170.00				
							170.00			

Report generated: 01/23/2025 10:28:08
 User: Carrie Clark (clarkc)
 Program ID: apwarrnt

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400945		93584	99746	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			250.00	250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400946		93585	99747	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			320.00	320.00			
567	Buckeye Power Sales C	0000	22400785	EFT	01/30/2025	PSV400947		93586	99749	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			355.00	355.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401178		93589	99752	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			190.00	190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401179		93590	99753	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			170.00	170.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401180		93591	99754	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			270.00	270.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401181		93594	99758	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			250.00	250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/01/2025	PSV401182		93595	99759	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			332.50	332.50			
567	Buckeye Power Sales C	0000	22400785	EFT	02/02/2025	PSV401233		93596	99760	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			330.00	330.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
567	Buckeye Power Sales C	0000	22400785	EFT	02/02/2025	PSV401235		93598	99762		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			250.00					
							250.00				
567	Buckeye Power Sales C	0000	22400785	EFT	02/02/2025	PSV401236		93599	99763		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			200.00					
							200.00				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401477		93601	99765		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			170.00					
							170.00				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401478		93603	99767		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			170.00					
							170.00				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401479		93604	99768		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			200.00					
							200.00				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401542		93710	99894		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			115.30					
							115.30				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401543		93714	99899		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			668.95					
							668.95				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401566		93717	99902		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			190.00					
							190.00				
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401567		93721	99906		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			170.00					
							170.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22400785	EFT	02/05/2025	PSV401568		93722	99907	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			200.00				
							200.00			
567	Buckeye Power Sales C	0000	22400785	EFT	02/09/2025	PSV402540		93987	100189	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			107.50				
	2 60609014 42200		SewPWWaterOPERSUP			215.00				
							322.50			
567	Buckeye Power Sales C	0000	22400785	EFT	02/12/2025	PSV402595		93999	100203	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			270.00				
							270.00			
						CHECK TOTAL	6,354.25			
737	Butler, Fairman & Seu	0000	22401086	EFT	01/16/2025	106669		93456	99611	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20104010 43100		MVHEng PROSERVICE			396.00				
	2 60604010 43100		SewEng PROSERVICE			264.00				
							660.00			
						CHECK TOTAL	660.00			
737	Butler, Fairman & Seu	0000	22401326	EFT	01/16/2025	106670		93806	99997	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60804010 44200		SwConstENG INFRSTR			1,689.80				
							1,689.80			
						CHECK TOTAL	1,689.80			
737	Butler, Fairman & Seu	0000	22401130	EFT	01/11/2025	106595		94512	100819	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 42224010 44920		2021 GO EN CAPEXP			3,200.00				
							3,200.00			
						CHECK TOTAL	3,200.00			
737	Butler, Fairman & Seu	0000	22401130	EFT	01/11/2025	106596		94518	100827	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 42224010 44920		2021 GO EN CAPEXP			2,717.21				
	2 42224010 44920		2021 GO EN CAPEXP			7,862.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							10,580.00			
						CHECK TOTAL	10,580.00			
5121	BUTTY, SABAH	0000		INV	02/13/2025	94166		94166	100385	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			79.58			
							79.58			
						CHECK TOTAL	79.58			
2441	BW Construction LLC	0000	22400398	EFT	01/22/2025	20240410		93363	99514	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100	GenMayorOf		PROSERVICE			5,227.27			
							5,227.27			
2441	BW Construction LLC	0000		EFT	01/22/2025	20230722		93377	99529	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 44391011 43100	ECNDEVMY		PROSERVICE			18,518.00			
							18,518.00			
						CHECK TOTAL	23,745.27			
5141	CAIRNS, PATRICK	0000		INV	02/13/2025	94186		94186	100406	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			62.00			
							62.00			
						CHECK TOTAL	62.00			
2424	CallTower Inc	0000		EFT	02/15/2025	202313892		93743	99929	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100	GenIT		PROSERVICE			754.87			
							754.87			
						CHECK TOTAL	754.87			
3854	Carmel Trucking LLC	0000		EFT	02/01/2025	25-1275		94128	100344	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20209011 43100	LRSPWSTRTPROSERVICE					375.00			
							375.00			
						CHECK TOTAL	375.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
831	CC&T Construction Co,		0000		EFT	01/02/2025	Pay#03		93461	99617	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101013 44920		GenContr	CAPEXP		4,670.00				
								4,670.00			
							CHECK TOTAL	4,670.00			
703	CDW Government, Inc.		0000		EFT	01/15/2025	AB9PL2U		93744	99930	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE		905.86				
								905.86			
							CHECK TOTAL	905.86			
920	Central Supply Compan		0000		EFT	01/30/2025	S101169313.001		93848	100042	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMN	OPERSUP		1,059.85				
								1,059.85			
							CHECK TOTAL	1,059.85			
1734	Certified Consultants		0000		EFT	01/29/2025	1283		93527	99686	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE		1,820.00				
								1,820.00			
							CHECK TOTAL	1,820.00			
691	Christopher B Burke E		0000	22300637	EFT	02/12/2025	36707		94482	100789	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 43100		SWPWWater	PROSERVICE		611.25				
								611.25			
							CHECK TOTAL	611.25			
691	Christopher B Burke E		0000	22400606	EFT	01/03/2025	36203		94613	100923	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60854010 43100		SWRCPTENG	PROSERVICE		660.00				
								660.00			
							CHECK TOTAL	660.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
828	Church, Church, Hittl	0000		EFT	01/18/2025	312929		93432	99586	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101014 43100		GenEcon	PROSERVICE		1,303.50				
							1,303.50			
828	Church, Church, Hittl	0000	22400196	EFT	01/05/2025	312747		93938	100136	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27021011 43100		DEFMAYOR	PROSERVICE		2,667.80				
							2,667.80			
						CHECK TOTAL	3,971.30			
714	Cintas Corporation No	0000		EFT	01/26/2025	5246414604		93420	99574	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSR	OPERSUP		816.62				
							816.62			
						CHECK TOTAL	816.62			
714	Cintas Corporation No	0000		EFT	01/29/2025	5246600001		93449	99603	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMN	OPERSUP		251.66				
							251.66			
						CHECK TOTAL	251.66			
714	Cintas Corporation No	0000		EFT	01/18/2025	5245312001		93510	99665	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108015 42200		GenPDSpprt	OPERSUP		261.96				
							261.96			
						CHECK TOTAL	261.96			
714	Cintas Corporation No	0000		EFT	01/07/2025	4215049975		93514	99673	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108011 43100		GenPDAdmin	PROSERVICE		140.54				
							140.54			
						CHECK TOTAL	140.54			
714	Cintas Corporation No	0000		EFT	01/30/2025	5246840208		93581	99743	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 42200		GenFleet	OPERSUP		138.62				
							138.62			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	138.62			
714	Cintas Corporation No	0000		EFT	02/03/2025	4216780183		93587	99750	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE			95.26			
						CHECK TOTAL	95.26			
							95.26			
						CHECK TOTAL	95.26			
714	Cintas Corporation No	0000		EFT	01/27/2025	4216103918		93592	99756	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE			95.26			
						CHECK TOTAL	95.26			
							95.26			
						CHECK TOTAL	95.26			
714	Cintas Corporation No	0000		EFT	01/10/2025	4215050004		93676	99860	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 43100		GenFireAdm	PROSERVICE			56.93			
						CHECK TOTAL	56.93			
							56.93			
						CHECK TOTAL	56.93			
714	Cintas Corporation No	0000		EFT	01/10/2025	4216418937		93677	99861	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105011 43100		GenFireAdm	PROSERVICE			56.93			
						CHECK TOTAL	56.93			
							56.93			
						CHECK TOTAL	56.93			
714	Cintas Corporation No	0000		EFT	02/07/2025	4217216864		93881	100075	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE			38.34			
						CHECK TOTAL	38.34			
							38.34			
						CHECK TOTAL	38.34			
714	Cintas Corporation No	0000		EFT	02/07/2025	4217216902		93882	100076	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE			84.03			
						CHECK TOTAL	84.03			
							84.03			
						CHECK TOTAL	84.03			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	02/07/2025	4217216946		93883	100077	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		52.66				
									52.66			
								CHECK TOTAL	52.66			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217217308		93884	100078	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		115.37				
									115.37			
								CHECK TOTAL	115.37			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217217217		93885	100079	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		125.07				
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217217303		93886	100080	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		36.25				
									36.25			
								CHECK TOTAL	36.25			
714	Cintas Corporation No			0000		EFT	02/07/2025	4217214166		93887	100081	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		63.73				
									63.73			
								CHECK TOTAL	63.73			
714	Cintas Corporation No			0000		EFT	02/10/2025	4217510339		93957	100158	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	43100		GenFleet	PROSERVICE		95.26				
									95.26			
								CHECK TOTAL	95.26			

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/06/2025	5243059706		93991	100193	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP		258.61				
									258.61			
								CHECK TOTAL	258.61			
714	Cintas Corporation No			0000		EFT	01/18/2025	5245040307		93993	100196	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP		230.70				
									230.70			
								CHECK TOTAL	230.70			
714	Cintas Corporation No			0000		EFT	02/08/2025	5248030302		94009	100213	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP		210.51				
									210.51			
								CHECK TOTAL	210.51			
714	Cintas Corporation No			0000		EFT	01/15/2025	5244635606		94048	100261	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP		378.11				
									378.11			
								CHECK TOTAL	378.11			
714	Cintas Corporation No			0000		EFT	02/01/2025	5247058905		94049	100262	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP		328.39				
									328.39			
								CHECK TOTAL	328.39			
714	Cintas Corporation No			0000		EFT	01/19/2025	4216419256		94050	100263	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		115.37				
									115.37			
								CHECK TOTAL	115.37			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No		0000		EFT	01/19/2025	4216419279		94051	100264	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE		36.25				
							CHECK TOTAL	36.25			
								36.25			
								36.25			
714	Cintas Corporation No		0000		EFT	01/19/2025	4216418916		94052	100265	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE		38.34				
							CHECK TOTAL	38.34			
								38.34			
								38.34			
714	Cintas Corporation No		0000		EFT	01/19/2025	4216419253		94053	100266	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE		125.07				
							CHECK TOTAL	125.07			
								125.07			
								125.07			
714	Cintas Corporation No		0000		EFT	01/19/2025	4216418995		94054	100267	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE		52.66				
							CHECK TOTAL	52.66			
								52.66			
								52.66			
714	Cintas Corporation No		0000		EFT	01/16/2025	4216103984		94055	100268	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE		89.74				
							CHECK TOTAL	89.74			
								89.74			
								89.74			
714	Cintas Corporation No		0000		EFT	01/16/2025	4216104022		94057	100270	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE		180.08				
							CHECK TOTAL	180.08			
								180.08			
								180.08			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050066		94059	100272	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		52.66				
									52.66			
								CHECK TOTAL	52.66			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050336		94060	100273	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		115.37				
									115.37			
								CHECK TOTAL	115.37			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050333		94061	100274	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		36.25				
									36.25			
								CHECK TOTAL	36.25			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215049965		94062	100275	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		38.34				
									38.34			
								CHECK TOTAL	38.34			
714	Cintas Corporation No			0000		EFT	01/06/2025	4215050250		94063	100276	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		125.07				
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	02/09/2025	4217510471		94064	100277	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE		187.96				
									187.96			
								CHECK TOTAL	187.96			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	02/09/2025	4217510454		94065	100278	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			119.44			
									119.44			
								CHECK TOTAL	119.44			
714	Cintas Corporation No			0000		EFT	02/09/2025	4217510541		94066	100279	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20109011	43100		MVHPWStr	PROSERVICE			240.57			
									240.57			
								CHECK TOTAL	240.57			
714	Cintas Corporation No			0000		EFT	01/18/2025	5245312003		94067	100280	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			78.67			
									78.67			
								CHECK TOTAL	78.67			
714	Cintas Corporation No			0000		EFT	01/22/2025	4216780313		94068	100281	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20109011	43100		MVHPWStr	PROSERVICE			240.57			
									240.57			
								CHECK TOTAL	240.57			
714	Cintas Corporation No			0000		EFT	01/22/2025	4216780241		94069	100282	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE			221.51			
									221.51			
								CHECK TOTAL	221.51			
714	Cintas Corporation No			0000		EFT	01/22/2025	4216780207		94070	100283	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			89.74			
									89.74			
								CHECK TOTAL	89.74			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	01/15/2025	4216104021		94097	100311	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20109011	43100		MVHPWStr	PROSERVICE		240.57				
									240.57			
								CHECK TOTAL	240.57			
714	Cintas Corporation No			0000		EFT	02/10/2025	4217995789		94210	100430	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105011	43100		GenFireAdm	PROSERVICE		56.93				
									56.93			
								CHECK TOTAL	56.93			
714	Cintas Corporation No			0000		EFT	02/15/2025	5249298308		94442	100745	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10108015	42200		GenPDSpprt	OPERSUP		283.71				
									283.71			
								CHECK TOTAL	283.71			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217995785		94449	100752	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		38.34				
									38.34			
								CHECK TOTAL	38.34			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217996122		94450	100753	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		125.07				
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	02/14/2025	4217996144		94451	100754	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		36.25				
									36.25			
								CHECK TOTAL	36.25			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No			0000		EFT	02/14/2025	4217996081		94452	100756	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			115.37			
									115.37			
								CHECK TOTAL	115.37			
714	Cintas Corporation No			0000		EFT	01/12/2025	4215743220		94453	100757	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			52.66			
									52.66			
								CHECK TOTAL	52.66			
714	Cintas Corporation No			0000		EFT	01/12/2025	4215743174		94454	100758	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			38.34			
									38.34			
								CHECK TOTAL	38.34			
714	Cintas Corporation No			0000		EFT	01/12/2025	4215743462		94455	100759	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			125.07			
									125.07			
								CHECK TOTAL	125.07			
714	Cintas Corporation No			0000		EFT	01/12/2025	4215743466		94456	100760	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			115.37			
									115.37			
								CHECK TOTAL	115.37			
714	Cintas Corporation No			0000		EFT	01/12/2025	4215743467		94457	100761	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			36.25			
									36.25			
								CHECK TOTAL	36.25			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No		0000		EFT	01/18/2025	5245312002		94464	100770	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP		331.73			
							CHECK TOTAL	331.73			
								331.73			
714	Cintas Corporation No		0000		EFT	02/15/2025	4217995897		94465	100772	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		52.66			
							CHECK TOTAL	52.66			
								52.66			
714	Cintas Corporation No		0000		EFT	01/19/2025	4215378351		94467	100773	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE		196.58			
							CHECK TOTAL	196.58			
								196.58			
714	Cintas Corporation No		0000		EFT	02/14/2025	4217995767		94520	100828	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10108011	43100		GenPDAdmin	PROSERVICE		140.54			
							CHECK TOTAL	140.54			
								140.54			
714	Cintas Corporation No		0000		EFT	01/14/2025	4215904911		94561	100871	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE		63.73			
							CHECK TOTAL	63.73			
								63.73			
714	Cintas Corporation No		0000		EFT	02/17/2025	4218271784		94573	100883	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106010	43100		GenFleet	PROSERVICE		95.26			
							CHECK TOTAL	95.26			
								95.26			
								95.26			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
714	Cintas Corporation No	0000		EFT	11/15/2024	4208476558		94623	100937		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		45.34					
						CHECK TOTAL	45.34				
							45.34				
							45.34				
714	Cintas Corporation No	0000		EFT	02/15/2025	5249298307		94641	100958		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNDPERSUP			380.90					
						CHECK TOTAL	380.90				
							380.90				
							380.90				
3885	CivicPlus LLC	0000	22500014	EFT	01/30/2025	326025		94095	100310		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		3,575.40					
							3,575.40				
3885	CivicPlus LLC	0000	22500054	EFT	04/03/2025	327638		94607	100917		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		48,592.28					
							48,592.28				
3885	CivicPlus LLC	0000	22500055	EFT	03/28/2025	326484		94608	100918		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		17,325.00					
							17,325.00				
						CHECK TOTAL	69,492.68				
							69,492.68				
1568	Carrie Clark	0000		INV	01/22/2025	047650		93364	99515		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101013 42200		GenContr	OPERSUP		58.40					
							58.40				
						CHECK TOTAL	58.40				
							58.40				
5148	COCHRAN, TAMRA M	0000		INV	02/14/2025	94192		94192	100412		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		3,364.44					
							3,364.44				
						CHECK TOTAL	3,364.44				
							3,364.44				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2650	Community Health Netw	0000	22400112	EFT	12/30/2024	FIN-008044		93563	99725	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		2,500.00				
							2,500.00			
2650	Community Health Netw	0000		EFT	02/12/2025	EHS-001839		94292	100512	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 43100		GenHR	PROSERVICE		1,767.50				
							1,767.50			
2650	Community Health Netw	0000	22400112	EFT	01/31/2025	FIN-008158		94636	100953	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		2,500.00				
							2,500.00			
						CHECK TOTAL	6,767.50			
680	Crossroad Engineers,	0000	22400019	EFT	02/01/2025	242069		93793	99980	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100		SWPWWater	PROSERVICE		1,253.50				
							1,253.50			
						CHECK TOTAL	1,253.50			
2485	Crown Castle Internat	0000	22400888	EFT	12/30/2024	1699509		93454	99608	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		2,127.38				
	2 60606050 43100		SewIT	PROSERVICE		265.92				
	3 62606050 43100		SWIT	PROSERVICE		265.92				
	4 10106050 43100		GenIT	PROSERVICE		2,468.14				
	5 60606050 43100		SewIT	PROSERVICE		1,645.42				
							6,772.78			
2485	Crown Castle Internat	0000	22401397	EFT	01/30/2025	1729696		93745	99931	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		4,522.44				
	2 60606050 43100		SewIT	PROSERVICE		3,014.97				
							7,537.41			
						CHECK TOTAL	14,310.19			
4829	Culligan Ultrapure In	0000		EFT	02/08/2025	0900682296		93909	100104	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWater	OPERSUP		86.42				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4829	Culligan Ultrapure In	0000		EFT	02/12/2025	0900683647	86.42	94077	100292	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101013 43100		GenContr	PROSERVICE		34.34				
	2 10101017 43100		GenFndCS	PROSERVICE		34.34				
	3 10102010 43100		GenClerk	PROSERVICE		34.33				
							103.01			
						CHECK TOTAL	189.43			
4993	Cultivate Geospatial	0000	22401083	EFT	02/02/2025	FINSP2		93746	99932	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		3,000.00				
	2 60606050 43100		SewIT	PROSERVICE		1,250.00				
	3 62606050 43100		SWIT	PROSERVICE		750.00				
							5,000.00			
						CHECK TOTAL	5,000.00			
2645	CureMD.com, Inc	0000		EFT	01/31/2025	500162069		94091	100306	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27155058 43100		HDVFC	PROSERVICE		1,019.00				
							1,019.00			
						CHECK TOTAL	1,019.00			
811	Current Publishing LL	0000	22500018	EFT	02/25/2025	79580		93992	100194	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43300		GenPR	PRINTADVER		6,407.00				
							6,407.00			
811	Current Publishing LL	0000	22500018	EFT	12/29/2024	78810		94258	100478	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43300		GenPR	PRINTADVER		4,159.00				
							4,159.00			
						CHECK TOTAL	10,566.00			
2435	CVK LLC	0000		EFT	02/01/2025	2/25 Rent		94004	100207	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 47140000 43700		FishersI69	RENTALS		36,719.15				
							36,719.15			
						CHECK TOTAL	36,719.15			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5133	DAVIS BUILDING GROUP	0000		INV	02/13/2025	94178		94178	100397	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			83.56			
							83.56			
						CHECK TOTAL	83.56			
5144	DELLINGER, NOLAN & EM	0000		INV	02/13/2025	94189		94189	100409	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			31.00			
							31.00			
						CHECK TOTAL	31.00			
962	Design & Build Corpor	0000	22401026	EFT	01/18/2025	7087		94392	100694	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100	GenPWBuild		PROSERVICE			6,302.00			
							6,302.00			
962	Design & Build Corpor	0000		EFT	10/30/2024	7055		94403	100705	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100	GenPWBuild		PROSERVICE			1,544.00			
							1,544.00			
962	Design & Build Corpor	0000	22500077	EFT	10/30/2024	7054		94631	100947	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100	GenPWBuild		PROSERVICE			2,232.00			
							2,232.00			
						CHECK TOTAL	10,078.00			
935	Don Hinds Ford, Inc.	0000		EFT	01/30/2025	128046		93820	100011	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 44920	MNCPLHDFNDAPEXP					2,233.62			
	2 21205058 44920	CHD		CAPEXP			30,622.63			
							32,856.25			
						CHECK TOTAL	32,856.25			
1047	Donohue & Associates	0000	22400012	EFT	02/03/2025	14469-05		93542	99702	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100	SewPWWater		PROSERVICE			1,552.00			
							1,552.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	1,552.00			
3720	DOXIM UTILITEC LLC	0000		EFT	01/30/2025	INV028396		94616	100927	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601016 43300		SewPR	PRINTADVER		676.50				
	2 60601013 43100		SewContr	PROSERVICE		3,759.79				
							4,436.29			
3720	DOXIM UTILITEC LLC	0000		EFT	01/30/2025	1224P		94617	100928	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601013 43100		SewContr	PROSERVICE		9,879.97				
							9,879.97			
						CHECK TOTAL	14,316.26			
5119	DYVIG, SCOTT & KELLY	0000		INV	02/13/2025	94164		94164	100383	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		79.58				
							79.58			
						CHECK TOTAL	79.58			
1052	E&B Paving, Incorpora	0000		EFT	02/07/2025	Pay#04-141PL-SR37		94136	100353	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 37804010 44920		SR37PRJENGCAPEXP			347,248.91				
							347,248.91			
						CHECK TOTAL	347,248.91			
1052	E&B Paving, Incorpora	0000		EFT	02/07/2025	Pay#05-141PL-SR37		94137	100354	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 37804010 44920		SR37PRJENGCAPEXP			25,730.98				
							25,730.98			
						CHECK TOTAL	25,730.98			
4535	EAM Solutions LLC	0000	22401076	EFT	01/30/2025	H912502		94094	100309	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601012 43100		BSGSWR	PROSERVICE		1,050.00				
							1,050.00			
						CHECK TOTAL	1,050.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3636	Eckart LLC	0000		EFT	01/25/2025	S101217302.001		93427	99581		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	PERSUP		291.43	291.43				
3636	Eckart LLC	0000		EFT	02/25/2025	S101227566.001		93849	100043		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	PERSUP		325.71	325.71				
3636	Eckart LLC	0000		EFT	02/25/2025	S1012228050.001		94121	100334		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	PERSUP		213.01	213.01				
						CHECK TOTAL	830.15				
476	Element Materials Tec	0000		EFT	01/11/2025	24-167183		93522	99681		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		130.60	130.60				
476	Element Materials Tec	0000		EFT	01/17/2025	24-167452		93555	99717		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		165.00	165.00				
						CHECK TOTAL	295.60				
1186	Elwood Fire Equipment	0000		EFT	01/18/2025	75935		93518	99677		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108015 43100		GenPDSprpt	PROSERVICE		162.00	162.00				
						CHECK TOTAL	162.00				
3280	EMBR Designs LLC	0000		EFT	01/20/2025	0000268		93955	100156		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101017 43100		GenFndCS	PROSERVICE		500.00	500.00				
						CHECK TOTAL	500.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3187	Engledow Inc			0000	22401406	EFT	12/30/2024	627466		93600	99764	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	43100		GenParks	PROSERVICE			10,560.00			
									10,560.00			
								CHECK TOTAL	10,560.00			
1028	Environmental Laborat			0000		EFT	02/13/2025	20410898		94495	100802	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109012	43100		GenPWBuild	PROSERVICE			105.00			
									105.00			
								CHECK TOTAL	105.00			
5103	EPPERT, SALLY N.			0000		INV	02/13/2025	94146		94146	100365	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	62600000	34900		SW	USERFEES			79.92			
									79.92			
								CHECK TOTAL	79.92			
5115	EPPERT, SALLY N.			0000		INV	02/13/2025	94160		94160	100379	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES			79.58			
									79.58			
								CHECK TOTAL	79.58			
4480	Eric S Willett			0000		EFT	01/27/2025	1019		94235	100455	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	43100		GenParks	PROSERVICE			675.00			
									675.00			
								CHECK TOTAL	675.00			
514	EWT Holdings III Corp			0000	22400667	EFT	02/07/2025	906799141		93524	99683	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP				16,019.00			
									16,019.00			
514	EWT Holdings III Corp			0000	22401088	EFT	02/15/2025	906811960		93529	99688	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP				1,277.32			
	2	60609014	42200		SewPWWaterOPERSUP				14,256.13			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
514	EWT Holdings III Corp	0000	22401088	EFT	02/22/2025	906826581	15,533.45	93605	99769	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP				15,923.55			
514	EWT Holdings III Corp	0000	22401088	EFT	02/25/2025	906828379	15,923.55	93752	99938	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP				15,948.45			
514	EWT Holdings III Corp	0000	22401088	EFT	02/25/2025	906828382	15,948.45	93761	99947	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 42200		SewPWWaterOPERSUP				15,923.55			
						CHECK TOTAL	79,348.00			
3168	Expo Arts LLC	0000		EFT	02/08/2025	Bal-1312		93831	100023	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE			1,895.51			
						CHECK TOTAL	1,895.51			
4097	Extreme Outdoor Solut	0000		EFT	12/12/2024	9070		94537	100845	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE			25.00			
						CHECK TOTAL	25.00			
1228	Federal Field Service	0000	22400158	EFT	01/29/2025	S-12928		93728	99912	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE			6,579.00			
	2 10109012 43100		GenPWBuild	PROSERVICE			0.00			
						CHECK TOTAL	6,579.00			
1182	Fineline Graphics Inc	0000		EFT	01/30/2025	165604		94020	100225	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101016 43300		GenPR	PRINTADVER			3,474.00			
							3,474.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	3,474.00			
3088	FlashParking Inc	0000		EFT	01/02/2025	INV1034390		93734	99920	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		568.90				
						CHECK TOTAL	568.90			
5132	FOSTER, DIANE	0000		INV	02/13/2025	94177		94177	100396	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
						CHECK TOTAL	39.79			
239	Frank Giesecking	0000		EFT	02/17/2025	0104849-IN		93995	100199	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		20.00				
						CHECK TOTAL	20.00			
239	Frank Giesecking	0000		EFT	02/10/2025	0104791-IN		94424	100726	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		20.00				
						CHECK TOTAL	20.00			
239	Frank Giesecking	0000		EFT	03/07/2025	0104915-IN		94628	100944	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		40.00				
						CHECK TOTAL	40.00			
2358	Fredericks Inc	0000	22400914	EFT	11/29/2024	5743-24		93547	99709	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		8,100.00				
						CHECK TOTAL	8,100.00			
2358	Fredericks Inc	0000	22301381	EFT	11/30/2024	5746-24		94027	100238	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 40209012 44400		CCDBLDGMTIMPROTHBUI			13,945.00				
						CHECK TOTAL	13,945.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2358	Fredericks Inc	0000	22301381	EFT	12/12/2024	5770-24		94028	100241	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 40209012 44400		CCDBLDGMTIMPROTHBUI			7,600.00				
							7,600.00			
						CHECK TOTAL	29,645.00			
1196	Frey Water Conditioni	0000		EFT	02/07/2025	113422380		93854	100048	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105013 42200		GenLogist	OPERSUP		25.98				
							25.98			
						CHECK TOTAL	25.98			
1196	Frey Water Conditioni	0000		EFT	01/04/2025	113031871		93997	100201	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		41.75				
							41.75			
						CHECK TOTAL	41.75			
1196	Frey Water Conditioni	0000		EFT	02/08/2025	113337995		94460	100764	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 43100		CHD	PROSERVICE		60.80				
							60.80			
						CHECK TOTAL	60.80			
1230	Fuller Engineering Co	0000	22401114	EFT	01/19/2025	24-8547		94417	100719	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		3,120.00				
							3,120.00			
						CHECK TOTAL	3,120.00			
1289	Garners Family Enterp	0000		EFT	02/06/2025	301832-1		94240	100460	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		411.00				
							411.00			
						CHECK TOTAL	411.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
4659	GHA Technologies Inc	0000		EFT	01/16/2025	11444679		93748	99934		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		969.00					
							969.00				
4659	GHA Technologies Inc	0000		EFT	01/18/2025	11445381		93749	99935		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60606050 42200		SewIT	OPERSUP		841.00					
							841.00				
4659	GHA Technologies Inc	0000		EFT	01/18/2025	11446146		93750	99936		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		969.00					
							969.00				
4659	GHA Technologies Inc	0000		EFT	01/19/2025	11446145		93791	99977		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21106050 42200		MHFIT	OPERSUP		1,577.00					
							1,577.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/05/2025	11447869		94562	100872		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		3,350.00					
							3,350.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/05/2025	11447872		94564	100874		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		1,675.00					
							1,675.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/07/2025	11448519		94565	100876		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		774.00					
							774.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/06/2025	11448187		94568	100878		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		1,425.00					
							1,425.00				
4659	GHA Technologies Inc	0000	22500057	EFT	02/06/2025	11448189		94569	100879		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		1,750.00					
							1,750.00				
						CHECK TOTAL	13,330.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1300	GIS Planning Inc	0000	22500047	EFT	03/07/2025	2120937661		94606	100916	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		10,685.00				
							10,685.00			
						CHECK TOTAL	10,685.00			
4951	GM Development Compan	0000	22401325	EFT	02/06/2025	Pay#04-Metro Airport		93807	99998	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60804010 44200		SwConstENG	INFRSTR		22,108.10				
	2 60804010 44200		SwConstENG	INFRSTR		68,581.29				
	3 60604010 43100		SewEng	PROSERVICE		0.01				
							90,689.40			
						CHECK TOTAL	90,689.40			
1745	Gordon Plumbing	0000		EFT	01/19/2025	307930		94428	100731	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		1,984.00				
							1,984.00			
						CHECK TOTAL	1,984.00			
770	Grimco Inc	0000		EFT	01/30/2025	3355103301		93501	99660	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		424.81				
							424.81			
770	Grimco Inc	0000		EFT	02/05/2025	33561962-01		93800	99990	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		1,701.70				
							1,701.70			
770	Grimco Inc	0000		EFT	02/05/2025	33561963-01		93801	99991	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		1,033.03				
							1,033.03			
						CHECK TOTAL	3,159.54			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4301	GuidePoint Security L		0000	22500036	EFT	02/12/2025	INV099557		94079	100295	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE			7,583.78			
	2	60606050 43100		SewIT	PROSERVICE			860.00			
	3	62606050 43100		SWIT	PROSERVICE			430.00			
								8,873.78			
							CHECK TOTAL	8,873.78			
3435	Gurney J Bush Inc		0000		EFT	01/09/2025	57777		94254	100475	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			1,000.00			
								1,000.00			
							CHECK TOTAL	1,000.00			
4899	HAE Fields LLC		0000		EFT	02/16/2025	1297		94521	100829	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	27055010 43100		FireGrant	PROSERVICE			494.87			
								494.87			
							CHECK TOTAL	494.87			
3798	Hageman Investments L		0000	22400265	EFT	02/09/2025	2024L		93989	100191	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109012 43100		GenPWBuild	PROSERVICE			3,800.33			
								3,800.33			
							CHECK TOTAL	3,800.33			
1447	Hagerman Inc		0000	22401408	EFT	02/06/2025	AR211846Q04		94144	100363	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20109011 44400		MVHPWStr	IMPROTHBUI			23,140.00			
								23,140.00			
							CHECK TOTAL	23,140.00			
5140	HAIRSTON, ANTONIO E.		0000		INV	02/13/2025	94185		94185	100405	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60600000 34900		Sew	USERFEES			31.00			
								31.00			
							CHECK TOTAL	31.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1575	Kara Hall			0000		INV	01/19/2025	121924		94466	100771	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101016	43200		GenPR	COMMTRANS			29.55			
									29.55			
								CHECK TOTAL	29.55			
1446	Hamilton County Treas			0000		INV	02/01/2025	DEC24DEFERRAL		93418	99572	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	27021011	43100		DEFMAYOR	PROSERVICE			810.00			
									810.00			
								CHECK TOTAL	810.00			
1431	Hamilton Southeastern			0000	22401246	EFT	01/31/2025	12312024		93828	100020	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			3,629.51			
	2	10106010	42221		GenFleet	FUEL			3,272.04			
	3	60606010	42221		SewFleet	FUEL			187.71			
	4	62606010	42221		SWFleet	FUEL			497.41			
									7,586.67			
								CHECK TOTAL	7,586.67			
5136	HARNISH, CRAIG & AMY			0000		INV	02/13/2025	94181		94181	100400	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES			79.58			
									79.58			
								CHECK TOTAL	79.58			
3718	HD Supply Inc			0000	22301286	EFT	01/15/2025	INV00569242		93564	99726	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP				457.18			
									457.18			
3718	HD Supply Inc			0000	22301286	EFT	01/15/2025	INV00569193		93565	99728	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP				458.00			
									458.00			
3718	HD Supply Inc			0000	22301286	EFT	01/15/2025	INV00569384		93566	99729	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP				484.31			

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3718	HD Supply Inc	0000	22301286	EFT	01/15/2025	INV00569134	484.31	93569	99731		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			496.23					
							496.23				
3718	HD Supply Inc	0000	22301286	EFT	02/05/2025	INV00583990		93738	99924		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			229.86					
	2 60609014 42200		SewPWWaterOPERSUP			264.11					
							493.97				
3718	HD Supply Inc	0000	22400407	EFT	02/05/2025	INV00584057		93739	99925		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			477.91					
							477.91				
3718	HD Supply Inc	0000	22400407	EFT	02/12/2025	INV00590789		94078	100293		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			3,273.18					
							3,273.18				
3718	HD Supply Inc	0000	22400407	EFT	02/16/2025	INV00596426		94560	100870		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			21.90					
							21.90				
						CHECK TOTAL	6,162.68				
1484	Heinzman Lights at Ni	0000		EFT	01/17/2025	171224		93860	100054		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks PROSERVICE			750.00					
							750.00				
						CHECK TOTAL	750.00				
5125	HENDERSON, GREGORY &	0000		INV	02/13/2025	94170		94170	100389		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		39.79					
							39.79				
						CHECK TOTAL	39.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
844	Heritage Crystal Clea	0000		EFT	02/12/2025	19106068		94434	100732		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr	PROSERVICE		1,810.07					
							1,810.07				
844	Heritage Crystal Clea	0000		EFT	01/16/2025	19076106		94436	100739		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr	PROSERVICE		1,907.03					
							1,907.03				
844	Heritage Crystal Clea	0000		EFT	02/12/2025	19107029		94439	100741		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		856.87					
							856.87				
						CHECK TOTAL	4,573.97				
3361	Heritage Landscape Su	0000	22401405	EFT	01/02/2025	0018414848-001		93511	99671		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 44910		GenParks	NOINFAS		32,138.75					
							32,138.75				
						CHECK TOTAL	32,138.75				
136	Hewlett-Packard Finan	0000	22500026	EFT	01/07/2025	100000649208		93789	99975		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		45,022.18					
	2 60606050 43100		SewIT	PROSERVICE		3,501.72					
	3 62606050 43100		SWIT	PROSERVICE		1,500.74					
							50,024.64				
						CHECK TOTAL	50,024.64				
1412	Hoosier Fire Equipmen	0000		EFT	12/27/2024	121713		93681	99865		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		1,085.25					
							1,085.25				
1412	Hoosier Fire Equipmen	0000		EFT	12/28/2024	121729		93682	99866		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42200		GenSafeTr	OPERSUP		889.00					
							889.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1412	Hoosier Fire Equipmen		0000		EFT	12/30/2024	121765		93683	99867	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105013 42200		GenLogist	OPERSUP		597.00				
								597.00			
1412	Hoosier Fire Equipmen		0000	22400574	EFT	12/29/2024	121743		93708	99892	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105013 42200		GenLogist	OPERSUP		5,925.85				
								5,925.85			
1412	Hoosier Fire Equipmen		0000		EFT	01/19/2025	121857		94019	100224	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105014 42200		GenSpecOps	OPERSUP		855.00				
								855.00			
1412	Hoosier Fire Equipmen		0000		EFT	01/23/2025	121876		94117	100332	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105013 42200		GenLogist	OPERSUP		1,245.40				
								1,245.40			
							CHECK TOTAL	10,597.50			
708	Hoosier Portable Rest		0000		EFT	02/01/2025	69207		94248	100468	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10107010 43100		GenParks	PROSERVICE		1,640.00				
								1,640.00			
708	Hoosier Portable Rest		0000		EFT	01/31/2025	69208		94297	100517	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105015 43100		GenSafeTr	PROSERVICE		200.00				
								200.00			
708	Hoosier Portable Rest		0000		EFT	01/31/2025	69209		94506	100815	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10107010 43100		GenParks	PROSERVICE		480.00				
								480.00			
							CHECK TOTAL	2,320.00			
5055	Hoosier Tent & Party		0000	22401407	EFT	01/07/2025	27491-8		93597	99761	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10107010 43100		GenParks	PROSERVICE		12,503.00				
								12,503.00			
							CHECK TOTAL	12,503.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3127	Hoover Enterprises In			0000	22401127	EFT	01/28/2025	HF197896A		93392	99544	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106193	42200		GFICPKSMNTOPERSUP			15,098.40				
								15,098.40				
								CHECK TOTAL	15,098.40			
5138	HULL, ROGER & MARY			0000		INV	02/13/2025	94183		94183	100402	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES		31.00				
								31.00				
								CHECK TOTAL	31.00			
1429	Humane Society For Ha			0000		EFT	12/25/2024	4025		93692	99876	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10108015	43100		GenPDSpprt	PROSERVICE		63.00				
								63.00				
								CHECK TOTAL	63.00			
2770	Incentive Services In			0000		EFT	12/30/2024	00123451		93954	100155	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101017	43100		GenFndCS	PROSERVICE		384.51				
								384.51				
2770	Incentive Services In			0000		EFT	01/30/2025	00123809		94496	100803	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101017	42200		GenFndCS	OPERSUP		2,654.25				
								2,654.25				
								CHECK TOTAL	3,038.76			
1596	Indiana Association o			0000		EFT	02/09/2025	Henke2025		93928	100125	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10102100	43100		GenCourt	PROSERVICE		50.00				
								50.00				
								CHECK TOTAL	50.00			
1701	Indiana Association o			0000		EFT	02/15/2025	2025Bolon		94529	100837	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10103011	43100		GenPI	PROSERVICE		65.00				
								65.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1701	Indiana Association o	0000		EFT	02/15/2025	2025Steinhauer		94530	100838	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE		65.00	65.00			
1701	Indiana Association o	0000		EFT	02/15/2025	2025EGwinn		94531	100839	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE		65.00	65.00			
1701	Indiana Association o	0000		EFT	02/15/2025	2025Findlay		94532	100840	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE		65.00	65.00			
1701	Indiana Association o	0000		EFT	02/15/2025	2025MGwinn		94533	100841	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE		65.00	65.00			
1701	Indiana Association o	0000		EFT	02/15/2025	2025Suchy		94534	100842	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE		65.00	65.00			
1701	Indiana Association o	0000		EFT	02/15/2025	2025Holland		94536	100844	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10103011 43100		GenPI	PROSERVICE		65.00	65.00			
						CHECK TOTAL	455.00			
1785	Indiana Chamber of Co	0000		EFT	01/16/2025	5000883708		93998	100198	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43100		GenMayorOf	PROSERVICE		875.00	875.00			
						CHECK TOTAL	875.00			
861	Indiana Health Inform	0000	22500040	EFT	01/31/2025	10664		94025	100230	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43100		GenEMS	PROSERVICE		2,571.00	2,571.00			
						CHECK TOTAL	2,571.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1543	Indiana Oxygen Compan	0000		EFT	12/29/2024	10530336		93577	99739		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		88.20	88.20				
1543	Indiana Oxygen Compan	0000		EFT	01/30/2025	10552300		94021	100226		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 43100		GenEMS	PROSERVICE		189.72	189.72				
1543	Indiana Oxygen Compan	0000		EFT	01/30/2025	10552263		94132	100349		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			47.12	47.12				
1543	Indiana Oxygen Compan	0000		EFT	01/12/2025	10540371		94379	100681		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		594.16	594.16				
1543	Indiana Oxygen Compan	0000		EFT	01/03/2025	10535819		94508	100816		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		1,091.66	1,091.66				
1543	Indiana Oxygen Compan	0000		EFT	01/03/2025	10535825		94510	100820		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		607.48	607.48				
1543	Indiana Oxygen Compan	0000		EFT	01/22/2025	10544017		94513	100822		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		393.71	393.71				
1543	Indiana Oxygen Compan	0000		EFT	01/22/2025	10544021		94514	100823		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		493.58	493.58				
1543	Indiana Oxygen Compan	0000		EFT	02/09/2025	10557519		94515	100824		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		343.18	343.18				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1543	Indiana Oxygen Compan	0000		EFT	02/09/2025	10557526		94516	100825	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200		GenParks	OPERSUP		596.51				
						596.51				
						CHECK TOTAL	4,445.32			
1790	Indiana Park And Recr	0000		EFT	01/31/2025	37164		94231	100451	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43200		GenParks	COMMTRANS		336.00				
						336.00				
						CHECK TOTAL	336.00			
2399	Indiana Testing Inc	0000		EFT	01/12/2025	131434		93523	99682	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			65.00				
						65.00				
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132131		93526	99685	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWaterPROSERVICE			5.00				
						5.00				
2399	Indiana Testing Inc	0000		EFT	01/26/2025	134354		93538	99698	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100		SWPWWater PROSERVICE			160.00				
						160.00				
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132128		93613	99777	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106010 43100		GenFleet	PROSERVICE		25.00				
						25.00				
2399	Indiana Testing Inc	0000		EFT	02/16/2025	135916		94485	100792	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100		SWPWWater PROSERVICE			130.00				
						130.00				
2399	Indiana Testing Inc	0000		EFT	01/12/2025	131435		94645	100963	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr	PROSERVICE		195.00				
						195.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2399	Indiana Testing Inc		0000		EFT	01/12/2025	131433		94646	100965	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE		65.00				
							CHECK TOTAL	65.00			
								645.00			
793	Indiana Underground P		0000		EFT	02/09/2025	INV-10406		94538	100846	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62603011 43100		SWPI	PROSERVICE		1,925.65				
							CHECK TOTAL	1,925.65			
								1,925.65			
3492	Indiana Underground C		0000		EFT	01/03/2025	0089		93872	100066	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10109013 43100		GenPWParks	PROSERVICE		1,350.00				
							CHECK TOTAL	1,350.00			
								1,350.00			
2025	Indianapolis Interpre		0000		EFT	02/08/2025	ON433863		94566	100875	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10103012 43100		GenPZ	PROSERVICE		240.00				
							CHECK TOTAL	240.00			
								240.00			
2093	Infor (US), Inc		0000	22500010	EFT	01/17/2025	P-8455-US06A		93735	99921	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101012 43100		GenBSG	PROSERVICE		3,632.69				
							CHECK TOTAL	3,632.69			
								3,632.69			
2104	Innovative Edit Inc		0000		EFT	01/30/2025	2024479		94018	100222	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101016 43100		GenPR	PROSERVICE		2,737.00				
							CHECK TOTAL	2,737.00			
								2,737.00			
								2,737.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
733	Innovative Integratio	0000	22401368	EFT	01/11/2025	45781		93751	99937	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		5,706.40				
	2 60606050 43100		SewIT	PROSERVICE		713.30				
	3 62606050 43100		SWIT	PROSERVICE		713.30				
							7,133.00			
733	Innovative Integratio	0000	22401367	EFT	01/25/2025	45753		93943	100141	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		6.83				
	2 10106050 43100		GenIT	PROSERVICE		1,209.90				
	3 10106050 43100		GenIT	PROSERVICE		6,869.10				
	4 10106050 43100		GenIT	PROSERVICE		74.17				
							8,160.00			
						CHECK TOTAL	15,293.00			
4395	International Festiva	0000		EFT	02/19/2025	102050-2025		94298	100519	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,995.00				
							1,995.00			
						CHECK TOTAL	1,995.00			
4390	Itpipes Opco LLC	0000	22500056	EFT	02/18/2025	B2404		94609	100919	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60601012 43100		BSGSWR	PROSERVICE		13,000.00				
							13,000.00			
						CHECK TOTAL	13,000.00			
32	Jack Doheny Companies	0000	22401270	EFT	02/24/2025	252439		93977	100179	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		777.80				
							777.80			
						CHECK TOTAL	777.80			
4532	James Dunbar	0000		EFT	02/01/2025	010225		93818	100008	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,379.95				
							1,379.95			
						CHECK TOTAL	1,379.95			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3953	James P Hallett		0000		EFT	02/01/2025	2/25 Ambassador		94008	100212	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	44391011 43100		ECNDEVMY	PROSERVICE		7,500.00				
								7,500.00			
							CHECK TOTAL	7,500.00			
3256	Jeffery Meyer		0000	22401255	EFT	02/02/2025	01022025-1		93551	99713	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106010 43100		MVHFleet	PROSERVICE		7,667.42				
								7,667.42			
3256	Jeffery Meyer		0000	22401253	EFT	02/02/2025	01022025-4		93778	99964	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106010 42200		GenFleet	OPERSUP		17,712.95				
								17,712.95			
3256	Jeffery Meyer		0000		EFT	01/31/2025	044140		93780	99966	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106010 43100		GenFleet	PROSERVICE		87.20				
								87.20			
3256	Jeffery Meyer		0000		EFT	01/31/2025	044153		93781	99967	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60606010 43100		SewFleet	PROSERVICE		116.28				
								116.28			
3256	Jeffery Meyer		0000	22401265	EFT	02/02/2025	01022025		93805	99996	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106010 42200		MVHFleet	OPERSUP		30,000.00				
	2	20106010 42200		MVHFleet	OPERSUP		5,433.81				
								35,433.81			
3256	Jeffery Meyer		0000	22401256	EFT	02/02/2025	01022025-2		93808	99999	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106010 43100		GenFleet	PROSERVICE		16,782.50				
	2	10106010 43100		GenFleet	PROSERVICE		2,462.85				
								19,245.35			
3256	Jeffery Meyer		0000	22500021	EFT	02/02/2025	01022025-3		93811	100002	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60606010 42200		SewFleet	OPERSUP		5,030.03				
								5,030.03			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3256	Jeffery Meyer	0000		EFT	01/10/2025	043994		93861	100055		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		13.90	13.90				
3256	Jeffery Meyer	0000		EFT	02/06/2025	044204		93972	100173		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60606010 43100		SewFleet	PROSERVICE		97.65	97.65				
3256	Jeffery Meyer	0000	22401223	EFT	02/03/2025	044183		93975	100176		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60606010 42200		SewFleet	OPERSUP		20.77	20.77				
3256	Jeffery Meyer	0000		EFT	02/07/2025	044215		94026	100231		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,416.97	1,416.97				
3256	Jeffery Meyer	0000	22401255	EFT	02/06/2025	044206		94029	100242		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 43100		MVHFleet	PROSERVICE		3,758.14	3,758.14				
3256	Jeffery Meyer	0000	22401255	EFT	02/03/2025	044181		94031	100244		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 43100		MVHFleet	PROSERVICE		1,296.91	1,296.91				
3256	Jeffery Meyer	0000	22401255	EFT	02/06/2025	044205		94033	100246		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 43100		MVHFleet	PROSERVICE		237.17	237.17				
3256	Jeffery Meyer	0000	22401255	EFT	02/06/2025	044207		94035	100248		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 43100		MVHFleet	PROSERVICE		200.58	200.58				
3256	Jeffery Meyer	0000	22401253	EFT	02/13/2025	01132025-1		94076	100291		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 42200		GenFleet	OPERSUP		9,316.87					
	2 10106010 42200		GenFleet	OPERSUP		3,093.77					
							12,410.64				

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WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3256	Jeffery Meyer	0000	22401263	EFT	02/13/2025	01132025		94134	100351		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 42200		MVHFleet	OPERSUP		12,993.70					
							12,993.70				
3256	Jeffery Meyer	0000		EFT	02/08/2025	044226		94523	100831		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		429.60					
							429.60				
3256	Jeffery Meyer	0000		EFT	12/21/2024	043898		94524	100832		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		310.24					
							310.24				
3256	Jeffery Meyer	0000		EFT	01/27/2025	044109		94525	100833		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		63.21					
							63.21				
3256	Jeffery Meyer	0000		EFT	01/11/2025	044051		94526	100834		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62603011 42200		SWPI	OPERSUP		151.92					
							151.92				
						CHECK TOTAL	118,694.44				
878	Jennifer C Messer PC	0000	22400198	EFT	02/05/2025	DEC2024_CIRDA		93969	100170		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43101		GenMayorOf	LGLSVCS		6,428.58					
	2 60601011 43101		SewMayor	LGLSVCS		3,571.42					
							10,000.00				
878	Jennifer C Messer PC	0000	22500033	EFT	02/06/2025	DEC2024		93970	100171		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43101		GenMayorOf	LGLSVCS		12,857.14					
	2 60601011 43101		SewMayor	LGLSVCS		7,142.86					
							20,000.00				
						CHECK TOTAL	30,000.00				
5147	Joseph Mattick	0000		EFT	01/17/2025	24110501		94383	100685		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101011 43100		GenMayorOf	PROSERVICE		500.00					
							500.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
						CHECK TOTAL	500.00				
245	Joseph P Benjamin	0000		EFT	01/18/2025	41679		93709	99893		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRSTS OPERSUP			304.00					
						CHECK TOTAL	304.00				
4398	Kacy Brobst	0000		INV	01/20/2025	122024		93643	99808		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21105058 43200		MNCPLHDFNDOMMTRANS			51.40					
						CHECK TOTAL	51.40				
5116	KASSNER, MICHAEL & ER	0000		INV	02/13/2025	94161		94161	100380		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew	USERFEES			39.79					
						CHECK TOTAL	39.79				
4518	Keystone Cooperative	0000	22401224	EFT	01/25/2025	201604101		93618	99782		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 42221	MVHFleet	FUEL			2,910.26					
							2,910.26				
4518	Keystone Cooperative	0000	22401224	EFT	01/25/2025	201604102		93619	99783		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 42221	MVHFleet	FUEL			1,758.35					
							1,758.35				
4518	Keystone Cooperative	0000	22401224	EFT	02/25/2025	201604371		93621	99785		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 42221	MVHFleet	FUEL			1,071.25					
							1,071.25				
4518	Keystone Cooperative	0000	22401224	EFT	01/25/2025	201604319		93622	99787		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 42221	MVHFleet	FUEL			1,317.83					
							1,317.83				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604534		94365	100666	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			1,922.63			
									1,922.63			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604461		94366	100667	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			3,100.55			
									3,100.55			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604462		94367	100668	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			2,368.07			
									2,368.07			
4518	Keystone Cooperative			0000	22401224	EFT	02/25/2025	201604635		94368	100669	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			4,069.29			
									4,069.29			
4518	Keystone Cooperative			0000	22401224	EFT	01/25/2025	201603863		94393	100696	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106010	42221		MVHFleet	FUEL			3,481.02			
									3,481.02			
4518	Keystone Cooperative			0000	22500058	EFT	02/25/2025	201302695		94558	100868	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	42200		GenFleet	OPERSUP			16,871.49			
	2	20106010	42200		MVHFleet	OPERSUP			1,207.98			
	3	60606010	42200		SewFleet	OPERSUP			727.65			
	4	62606010	42200		SWFleet	OPERSUP			73.98			
									18,881.10			
4518	Keystone Cooperative			0000	22500052	EFT	01/25/2025	201302450		94559	100869	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106010	42221		GenFleet	FUEL			16,694.16			
	2	20106010	42221		MVHFleet	FUEL			1,730.60			
	3	60606010	42221		SewFleet	FUEL			1,161.62			
	4	62606010	42221		SWFleet	FUEL			355.64			
									19,942.02			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4518	Keystone Cooperative		0000	22401222	EFT	01/25/2025	201302254		94570	100880	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106010 42221		GenFleet	FUEL		7,581.53				
	2	10106010 42221		GenFleet	FUEL		10,924.88				
	3	20106010 42221		MVHFleet	FUEL		1,290.90				
	4	60606010 42221		SewFleet	FUEL		1,020.38				
	5	62606010 42221		SWFleet	FUEL		204.29				
								21,021.98			
4518	Keystone Cooperative		0000	22401224	EFT	02/25/2025	201604694		94599	100910	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106010 42221		MVHFleet	FUEL		4,819.60				
								4,819.60			
							CHECK TOTAL	86,663.95			
5128	KINNER, SCOTT & JANNA		0000		INV	02/13/2025	94173		94173	100392	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60600000 34900		Sew	USERFEES		79.58				
								79.58			
							CHECK TOTAL	79.58			
150	Kirby Risk Corporatio		0000		EFT	01/31/2025	S210655450.005		93437	99590	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMN	OPERSUP		58.76				
								58.76			
150	Kirby Risk Corporatio		0000		EFT	01/31/2025	S210655450.004		93438	99592	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMN	OPERSUP		82.08				
								82.08			
150	Kirby Risk Corporatio		0000		EFT	09/30/2024	S210490501.001		93440	99594	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMN	OPERSUP		250.62				
								250.62			
150	Kirby Risk Corporatio		0000		EFT	01/31/2025	S210655450.001		93443	99597	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMN	OPERSUP		885.21				
								885.21			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
150	Kirby Risk Corporatio	0000	22301376	EFT	01/31/2025	S210647636.001		93530	99689		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			8,644.02					
							8,644.02				
150	Kirby Risk Corporatio	0000		EFT	01/31/2025	S210649668.001		93554	99716		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			445.21					
							445.21				
150	Kirby Risk Corporatio	0000		EFT	09/30/2024	S210366282.001A		93729	99914		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			23.82					
							23.82				
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210669057.001		93846	100038		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			84.23					
							84.23				
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210655450.006		93903	100098		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			167.94					
							167.94				
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210674040.001		94214	100434		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			162.73					
							162.73				
						CHECK TOTAL	10,804.62				
150	Kirby Risk Corporatio	0000		EFT	01/31/2025	S210655450.003		93442	99596		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			157.28					
							157.28				
						CHECK TOTAL	157.28				
722	Kistner Enterprises I	0000		EFT	02/09/2025	94944		94363	100662		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 43300		GenFireAdm PRINTADVER			121.23					
							121.23				
						CHECK TOTAL	121.23				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5130	KITTLESON, BRYAN & KA	0000		INV	02/13/2025	94175		94175	100394	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	39.79			
117	Kleen-It Group, Inc	0000	22400526	EFT	01/15/2025	86251		93869	100063	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		3,365.48				
	2 10109012 43100		GenPWBuild	PROSERVICE		12,117.90				
	3 21105058 43100		MNCPLHDFNB	PROSERVICE		1,320.00				
							16,803.38			
117	Kleen-It Group, Inc	0000	22400045	EFT	01/15/2025	86252		94385	100687	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		45,971.50				
	2 10109012 43100		GenPWBuild	PROSERVICE		1,999.00				
	3 10109012 43100		GenPWBuild	PROSERVICE		779.50				
	4 10109012 43100		GenPWBuild	PROSERVICE		0.00				
							48,750.00			
117	Kleen-It Group, Inc	0000		EFT	01/31/2025	86305		94471	100778	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		850.00				
							850.00			
						CHECK TOTAL	66,403.38			
4839	KM Specialty Pumps In	0000	22401271	EFT	01/17/2025	45146		93571	99733	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		1,000.00				
							1,000.00			
4839	KM Specialty Pumps In	0000	22401271	EFT	02/15/2025	45419		94418	100720	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100		SewPWWater	PROSERVICE		1,000.00				
							1,000.00			
						CHECK TOTAL	2,000.00			
975	Knox Associates Inc	0000	22500041	EFT	01/02/2025	INV-KA-356263		94096	100312	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101012 43100		GenBSG	PROSERVICE		2,749.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							2,749.00			
						CHECK TOTAL	2,749.00			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG067		94369	100670	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			207.90			
							207.90			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG065		94370	100671	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			277.20			
							277.20			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG066		94371	100672	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			138.60			
							138.60			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG068		94372	100673	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			207.90			
							207.90			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG069		94373	100674	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			415.80			
							415.80			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG070		94374	100675	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			415.80			
							415.80			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG071		94375	100677	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			485.10			
							485.10			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG072		94376	100678	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			415.80			
							415.80			
3513	Knox Handmade LLC-Mas	0000		EFT	01/31/2025	FMPG073		94377	100679	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27807010 43100		CPP	PROSERVICE			485.10			

Report generated: 01/23/2025 10:28:08
User: Carrie Clark (clarkc)
Program ID: apwarrnt

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							485.10			
						CHECK TOTAL	3,049.20			
4902	Koch HVAC Distributio	0000		EFT	02/16/2025	3346169		94548	100856	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMNOPERSUP				325.92			
						CHECK TOTAL	325.92			
152	Krieg Devault LLP	0000	22500031	EFT	01/10/2025	569632		93948	100147	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43101		GenMayorOf LGLSVCS				485.26			
						CHECK TOTAL	485.26			
152	Krieg Devault LLP	0000	22500031	EFT	01/16/2025	570146		93950	100150	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101011 43101		GenMayorOf LGLSVCS				5,500.00			
						CHECK TOTAL	5,500.00			
						CHECK TOTAL	5,985.26			
936	Lehman's Inc of Ander	0000	22401240	EFT	02/08/2025	20367		94507	100817	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 44400		GenPWBuild IMPROTHBUI				12,500.00			
						CHECK TOTAL	12,500.00			
936	Lehman's Inc of Ander	0000	22401075	EFT	02/08/2025	20364		94509	100818	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 44400		GenPWBuild IMPROTHBUI				18,000.00			
						CHECK TOTAL	18,000.00			
936	Lehman's Inc of Ander	0000	22400873	EFT	01/19/2025	20320		94511	100821	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild PROSERVICE				48,167.00			
						CHECK TOTAL	48,167.00			
						CHECK TOTAL	78,667.00			
5029	LENAHAN, STEPHEN J.	0000		INV	02/13/2025	94151		94151	100370	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew USERFEES				1,659.00			
						CHECK TOTAL	1,659.00			
						CHECK TOTAL	1,659.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5102	LESER, EUGENE & KARYL	0000		INV	02/13/2025	94145		94145	100364	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62600000 34900		SW	USERFEES		79.92				
	2 60600000 34900		Sew	USERFEES		93.00				
							172.92			
						CHECK TOTAL	172.92			
218	Lifeline Data Centers	0000	22500037	EFT	01/31/2025	35898		93916	100112	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100		GenIT	PROSERVICE		2,427.67				
	2 60606050 43100		SewIT	PROSERVICE		342.37				
	3 62606050 43100		SWIT	PROSERVICE		342.37				
							3,112.41			
						CHECK TOTAL	3,112.41			
1007	Lochmueller Group, In	0000	22400940	EFT	01/18/2025	300174		94135	100352	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27054010 44200		GRNTEng	INFRSTR		10,834.50				
							10,834.50			
						CHECK TOTAL	10,834.50			
289	Macallister Machinery	0000		EFT	01/31/2025	S9381760		93583	99745	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		171.00				
							171.00			
289	Macallister Machinery	0000		EFT	01/02/2025	R64623812501		93990	100192	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMM	PERSUP		925.00				
							925.00			
289	Macallister Machinery	0000		EFT	01/19/2025	R64626373301		94382	100684	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106010 43100		MVHFleet	PROSERVICE		239.59				
							239.59			
289	Macallister Machinery	0000		EFT	11/21/2024	R64615633501		94386	100688	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		759.00				
							759.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
289	Macallister Machinery	0000		EFT	11/21/2024	R64615633502		94387	100689		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks PROSERVICE			509.00	509.00				
289	Macallister Machinery	0000		EFT	11/21/2024	R64615633503		94388	100690		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks PROSERVICE			-100.00	-100.00				
289	Macallister Machinery	0000		EFT	11/23/2024	R64616134201		94389	100691		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks PROSERVICE			1,149.00	1,149.00				
289	Macallister Machinery	0000	22401341	EFT	02/09/2025	R64623873002		94407	100709		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr PROSERVICE			2,473.00	2,473.00				
289	Macallister Machinery	0000	22401341	EFT	01/18/2025	R64623871901		94408	100710		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20109011 43100		MVHPWStr PROSERVICE			6,256.25	6,256.25				
289	Macallister Machinery	0000	22500046	EFT	02/13/2025	S9424984		94557	100867		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106010 43100		MVHFleet PROSERVICE			2,227.69	2,227.69				
						CHECK TOTAL	14,609.53				
2457	MacQueen Equipment LL	0000	22401066	EFT	02/01/2025	P41402		93684	99868		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr UNIFORMS			416.55	416.55				
2457	MacQueen Equipment LL	0000	22401066	EFT	02/13/2025	P42002		94206	100426		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr UNIFORMS			615.90	615.90				
2457	MacQueen Equipment LL	0000		EFT	02/09/2025	P41739		94207	100427		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr UNIFORMS			-390.00	-390.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	642.45			
2974	Marc A Williams	0000		EFT	02/10/2025	FISHERSPARKSSPRINGFO		94228	100448	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,000.00				
							1,000.00			
2974	Marc A Williams	0000		EFT	02/09/2025	FISHERSPARKSPREKPROM		94380	100682	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		1,000.00				
							1,000.00			
						CHECK TOTAL	2,000.00			
5041	Marschand's Athletic	0000	22401356	EFT	01/16/2025	1836		93857	100051	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106193 42200		GFICPKSMNTOPERSUP			12,800.00				
							12,800.00			
						CHECK TOTAL	12,800.00			
253	Martin Marietta Mater	0000	22400347	EFT	12/13/2024	44406409		94414	100717	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20206191 42200		LRSICSRTS OPERSUP			489.60				
							489.60			
						CHECK TOTAL	489.60			
5139	MARTIN, JUSTIN & COUR	0000		INV	02/13/2025	94184		94184	100403	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		31.00				
							31.00			
						CHECK TOTAL	31.00			
5127	MARTZ, JEFFERY & JENN	0000		INV	02/13/2025	94172		94172	100391	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	39.79			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5134	MCDANIEL, STEFANIE	0000		INV	02/13/2025	94179		94179	100398	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	39.79			
2236	McKesson Medical-Surg	0000	22401392	EFT	01/15/2025	73534301		93558	99720	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		1,342.47				
	2 21205058 42200		CHD	OPERSUP		169.74				
	3 21205058 42200		CHD	OPERSUP		18.48				
							1,530.69			
2236	McKesson Medical-Surg	0000		EFT	01/15/2025	73564564		93559	99721	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		1,555.26				
							1,555.26			
2236	McKesson Medical-Surg	0000		EFT	01/19/2025	73742636		93560	99722	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		-1,555.26				
	2 21205058 42200		CHD	OPERSUP		-169.74				
							-1,725.00			
2236	McKesson Medical-Surg	0000		EFT	01/19/2025	73742690		93561	99723	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		-905.72				
	2 21205058 42200		CHD	OPERSUP		-18.48				
							-924.20			
2236	McKesson Medical-Surg	0000		EFT	01/19/2025	73742747		93562	99724	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		905.72				
							905.72			
2236	McKesson Medical-Surg	0000	22401392	EFT	01/30/2025	73953145		93824	100015	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		14,067.86				
							14,067.86			
2236	McKesson Medical-Surg	0000	22401392	EFT	02/05/2025	74058711		93834	100026	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		489.67				
	2 21205058 42200		CHD	OPERSUP		416.05				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							905.72			
2236	McKesson Medical-Surg	0000		EFT	02/06/2025	74137492		93835	100027	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		3,586.84				
							3,586.84			
2236	McKesson Medical-Surg	0000		EFT	01/30/2025	73953151		93874	100068	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		153.58				
							153.58			
2236	McKesson Medical-Surg	0000		EFT	01/31/2025	73966914		93875	100069	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		2,090.64				
							2,090.64			
2236	McKesson Medical-Surg	0000		EFT	02/06/2025	74142562		94494	100801	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21205058 42200		CHD	OPERSUP		613.42				
							613.42			
						CHECK TOTAL	22,760.53			
232	McMaster-Carr Supply	0000		EFT	01/18/2025	38218392		93422	99576	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	OPERSUP		229.66				
							229.66			
232	McMaster-Carr Supply	0000		EFT	02/09/2025	38964877		94110	100325	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRTS	OPERSUP		738.34				
							738.34			
						CHECK TOTAL	968.00			
2743	Med-Bill Corporation	0000	22400843	EFT	01/30/2025	MB-9727		93685	99869	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43100		GenEMS	PROSERVICE		11,704.27				
							11,704.27			
						CHECK TOTAL	11,704.27			
5137	MEDIAVILLA, ROBERT	0000		INV	02/13/2025	94182		94182	100401	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		39.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	39.79			
5131	MEETER, LOGAN J.	0000		INV	02/13/2025	94176		94176	100395	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES			39.79			
							39.79			
						CHECK TOTAL	39.79			
542	Melissa Kaye Brennema	0000	22400975	EFT	02/02/2025	1329		93764	99950	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106050 43100	GenIT		PROSERVICE			1,632.00			
	2 60606050 43100	SewIT		PROSERVICE			680.00			
	3 62606050 43100	SWIT		PROSERVICE			408.00			
							2,720.00			
						CHECK TOTAL	2,720.00			
266	Menard Inc	0000		EFT	11/08/2024	89150		93396	99548	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			87.05			
							87.05			
266	Menard Inc	0000		EFT	11/24/2024	90011		93399	99552	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			2.16			
							2.16			
266	Menard Inc	0000		EFT	12/07/2024	90705		93401	99553	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			134.85			
							134.85			
266	Menard Inc	0000		EFT	12/14/2024	91056		93402	99554	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			37.96			
							37.96			
266	Menard Inc	0000		EFT	01/03/2025	91959		93404	99556	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200	MVHICSRTS		OPERSUP			45.04			
							45.04			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
266	Menard Inc	0000		EFT	01/26/2025	92814		93406	99558		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		74.99					
							74.99				
266	Menard Inc	0000		EFT	11/13/2024	89431		93423	99577		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		147.90					
							147.90				
266	Menard Inc	0000		EFT	12/22/2024	91471		93426	99580		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		19.99					
							19.99				
266	Menard Inc	0000		EFT	01/22/2025	92703		93444	99598		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		139.80					
							139.80				
266	Menard Inc	0000		EFT	01/25/2025	92774		93445	99599		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		29.24					
							29.24				
266	Menard Inc	0000		EFT	01/25/2025	92775		93446	99600		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		239.24					
							239.24				
266	Menard Inc	0000	22401272	EFT	01/12/2025	92367		93531	99691		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		44.90					
							44.90				
266	Menard Inc	0000	22401272	EFT	01/16/2025	92505		93532	99692		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		44.90					
							44.90				
266	Menard Inc	0000		EFT	12/24/2024	91545		93686	99870		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		28.96					
							28.96				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc			0000		EFT	01/17/2025	92546		93687	99871	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105015	42200		GenSafeTr	OPERSUP			69.99			
									69.99			
266	Menard Inc			0000		EFT	02/04/2025	93144		93688	99872	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10105015	42200		GenSafeTr	OPERSUP			103.13			
									103.13			
266	Menard Inc			0000		EFT	02/02/2025	93073		93711	99896	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106191	42200		MVHICSRTS	OPERSUP			319.92			
									319.92			
266	Menard Inc			0000		EFT	02/02/2025	93078		93712	99897	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106191	42200		MVHICSRTS	OPERSUP			96.70			
									96.70			
266	Menard Inc			0000		EFT	02/02/2025	93088		93713	99898	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106191	42200		MVHICSRTS	OPERSUP			129.90			
									129.90			
266	Menard Inc			0000		EFT	01/16/2025	92514		93715	99900	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106192	42200		GFICBLDGMN	OPERSUP			37.90			
									37.90			
266	Menard Inc			0000		EFT	10/25/2024	88406		93821	100012	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	42200		GenParks	OPERSUP			72.48			
									72.48			
266	Menard Inc			0000		EFT	01/30/2025	92942		93836	100028	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106191	42200		MVHICSRTS	OPERSUP			241.62			
									241.62			
266	Menard Inc			0000		EFT	02/07/2025	93273		93852	100046	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWater	OPERSUP			22.90			
									22.90			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc		0000		EFT	02/09/2025	93344		94071	100284	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			292.32	292.32			
266	Menard Inc		0000		EFT	01/01/2025	91870		94072	100286	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			195.84	195.84			
266	Menard Inc		0000	22401272	EFT	02/13/2025	93518		94217	100437	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 42200		SewPWWaterOPERSUP			54.00	54.00			
266	Menard Inc		0000		EFT	02/15/2025	93618		94410	100712	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105015 42200		GenSafeTr OPERSUP			205.04	205.04			
266	Menard Inc		0000		EFT	02/14/2025	93550		94419	100721	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNTOPERSUP			41.57	41.57			
266	Menard Inc		0000		EFT	02/14/2025	93551		94420	100722	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNTOPERSUP			193.53	193.53			
266	Menard Inc		0000	22401272	EFT	02/16/2025	93655		94447	100750	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 42200		SewPWWaterOPERSUP			8.88	8.88			
266	Menard Inc		0000		EFT	02/16/2025	93596		94554	100863	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNTOPERSUP			50.85	50.85			
266	Menard Inc		0000		EFT	02/16/2025	93597		94555	100864	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNTOPERSUP			292.32	292.32			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc		0000	22500067	EFT	02/20/2025	93785		94654	100974	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMNØPERSUP			2,694.00				
								2,694.00			
							CHECK TOTAL	6,199.87			
251	Metal Man LLC		0000		EFT	01/22/2025	1051169		93409	99561	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			692.89				
								692.89			
251	Metal Man LLC		0000		EFT	02/12/2025	1051619		94208		
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106192 42200		GFICBLDGMNØPERSUP			172.35				
								172.35			
							CHECK TOTAL	865.24			
5118	MEYER, JASON & NICOLE		0000		INV	02/13/2025	94163		94163	100382	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60600000 34900		Sew	USERFEES		75.60				
								75.60			
							CHECK TOTAL	75.60			
434	Michael A Reuter Cons		0000		EFT	02/01/2025	Reuter225		93366	99517	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101013 43100		GenContr	PROSERVICE		1,650.00				
	2	60601013 43100		SewContr	PROSERVICE		400.00				
	3	62601013 43100		SWContr	PROSERVICE		400.00				
								2,450.00			
							CHECK TOTAL	2,450.00			
3288	Midwest Fiber Holding		0000	22400756	EFT	01/30/2025	E-2501012706244		93747	99933	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106050 43100		GenIT	PROSERVICE		3,225.00				
								3,225.00			
							CHECK TOTAL	3,225.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
254	Miller's Autobody, In	0000		EFT	01/23/2025	20997687		94080	100296		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,000.00					
							1,000.00				
254	Miller's Autobody, In	0000		EFT	02/10/2025	21299713		94092	100307		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,000.00					
							1,000.00				
254	Miller's Autobody, In	0000		EFT	02/08/2025	21182970		94127	100343		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		1,000.00					
							1,000.00				
						CHECK TOTAL	3,000.00				
2252	Millers Towing and Tr	0000		EFT	11/29/2024	188144		93641	99806		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		195.00					
							195.00				
2252	Millers Towing and Tr	0000		EFT	11/28/2024	188078		93783	99969		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		103.00					
							103.00				
2252	Millers Towing and Tr	0000		EFT	02/06/2025	189866		93832	100024		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		85.00					
							85.00				
2252	Millers Towing and Tr	0000		EFT	02/06/2025	189862		93851	100045		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		91.00					
							91.00				
2252	Millers Towing and Tr	0000		EFT	02/16/2025	190191		94409	100711		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106010 43100		GenFleet	PROSERVICE		79.00					
							79.00				
						CHECK TOTAL	553.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5114	MOHAN, KALIMUTHU	0000		INV	02/13/2025	94159		94159	100378		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		79.58					
						CHECK TOTAL	79.58				
							79.58				
							79.58				
5112	MORAVEC, CHRISTOPHER	0000		INV	02/13/2025	94157		94157	100376		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900	Sew		USERFEES		79.58					
						CHECK TOTAL	79.58				
							79.58				
							79.58				
1738	Cody Mulryan	0000		INV	02/12/2025	82331refund		94399	100701		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		7.48					
						CHECK TOTAL	7.48				
							7.48				
							7.48				
845	Multi Service Technol	0000		EFT	02/07/2025	991-1-82180		93901	100097		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200	SewPWWater		OPERSUP		215.99					
							215.99				
845	Multi Service Technol	0000		EFT	02/07/2025	991-1-82181		93904	100099		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200	SewPWWater		OPERSUP		242.99					
							242.99				
845	Multi Service Technol	0000		EFT	02/08/2025	991-1-82213		93905	100100		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		193.49					
							193.49				
845	Multi Service Technol	0000		EFT	02/12/2025	991-1-82331		93967	100168		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		200.00					
							200.00				
845	Multi Service Technol	0000		EFT	02/12/2025	991-1-82336		93971	100172		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200	SWPWWater		OPERSUP		206.99					
							206.99				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
845	Multi Service Technol	0000		EFT	02/13/2025	991-1-82383		94105	100319		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater OPERSUP			250.00					
							250.00				
845	Multi Service Technol	0000		EFT	02/13/2025	991-1-82386		94113	100329		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater OPERSUP			233.99					
							233.99				
845	Multi Service Technol	0000		EFT	02/01/2025	579-1-66377		94218	100438		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			242.99					
							242.99				
845	Multi Service Technol	0000		EFT	01/22/2025	579-1-66101		94219	100439		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			247.47					
							247.47				
845	Multi Service Technol	0000		EFT	01/20/2025	579-1-66068		94221	100441		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			193.49					
							193.49				
845	Multi Service Technol	0000		EFT	01/19/2025	991-1-81739		94222	100442		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			250.00					
							250.00				
845	Multi Service Technol	0000		EFT	01/15/2025	991-1-81616		94223	100443		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			206.99					
							206.99				
845	Multi Service Technol	0000		EFT	01/12/2025	991-1-81516		94224	100444		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			224.99					
							224.99				
845	Multi Service Technol	0000		EFT	01/12/2025	991-1-81515		94225			
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			242.99					
							242.99				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
845	Multi Service Technol	0000		EFT	01/12/2025	579-1-65742		94230	100450		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			-200.00					
							-200.00				
845	Multi Service Technol	0000		EFT	01/12/2025	579-1-65739		94232	100452		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			242.99					
							242.99				
845	Multi Service Technol	0000		EFT	01/22/2025	991-1-81820		94233	100453		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			200.00					
							200.00				
845	Multi Service Technol	0000		EFT	01/22/2025	991-1-81816		94234	100454		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			199.51					
							199.51				
845	Multi Service Technol	0000		EFT	01/12/2025	579-1-65738		94236			
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			-200.00					
							-200.00				
845	Multi Service Technol	0000		EFT	01/16/2025	579-1-65899		94238	100458		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			224.99					
							224.99				
845	Multi Service Technol	0000		EFT	01/19/2025	991-1-81740		94239	100459		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			250.00					
							250.00				
845	Multi Service Technol	0000		EFT	01/28/2025	579-1-66266		94241	100461		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			215.99					
							215.99				
845	Multi Service Technol	0000		EFT	01/29/2025	579-1-66289		94242	100462		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			206.99					
							206.99				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
845	Multi Service Technol		0000		EFT	02/01/2025	784-1-90614		94243	100464	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			250.00	250.00			
845	Multi Service Technol		0000		EFT	01/29/2025	579-1-66288		94245	100465	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS OPERSUP			206.99	206.99			
845	Multi Service Technol		0000		EFT	02/01/2025	579-1-66374		94246	100466	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNTOPERSUP			242.99	242.99			
845	Multi Service Technol		0000		EFT	02/14/2025	991-1-82414		94295	100515	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			242.99	242.99			
845	Multi Service Technol		0000		EFT	02/14/2025	991-1-82415		94296	100516	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			247.49	247.49			
845	Multi Service Technol		0000		EFT	02/16/2025	991-1-82509		94576	100886	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			215.99	215.99			
845	Multi Service Technol		0000		EFT	02/16/2025	991-1-82510		94582	100892	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			242.99	242.99			
845	Multi Service Technol		0000		EFT	02/14/2025	991-1-82417		94642	100959	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	60609014 42200		SewPWWaterOPERSUP			250.00	250.00			
845	Multi Service Technol		0000		EFT	02/20/2025	991-1-82632		94658	100979	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	62609014 42200		SWPWWater OPERSUP			215.99	215.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
845	Multi Service Technol	0000		EFT	02/20/2025	991-1-82633		94659	100980		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater	OPERSUP		242.99					
							242.99				
845	Multi Service Technol	0000		EFT	02/21/2025	991-1-82678		94660	100981		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater	OPERSUP		206.99					
							206.99				
845	Multi Service Technol	0000		EFT	02/20/2025	991-1-82631		94661	100982		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater	OPERSUP		206.99					
							206.99				
						CHECK TOTAL	7,065.24				
845	Multi Service Technol	0000	22401319	EFT	01/15/2025	579-1-65881		93458	99613		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20104010 42200		MVHEng	OPERSUP		98.99					
	2 60604010 42200		SewEng	OPERSUP		59.40					
	3 62604010 42200		SWEng	OPERSUP		39.60					
							197.99				
						CHECK TOTAL	197.99				
234	Municipal Emergency S	0000		EFT	01/18/2025	IN2172616		93505	99664		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		26.20					
							26.20				
234	Municipal Emergency S	0000		EFT	01/04/2025	IN2164036		93553	99715		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		796.25					
							796.25				
234	Municipal Emergency S	0000		EFT	02/14/2025	IN2185323		94247	100467		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99					
							1,039.99				
						CHECK TOTAL	1,862.44				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5110	MUSTO, RICHARD & ANN	0000		INV	02/13/2025	94155		94155	100374	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		79.58				
						CHECK TOTAL	79.58			
							79.58			
							79.58			
4298	Naptown Franchising L	0000		EFT	02/01/2025	552		94003	100206	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		875.00				
						CHECK TOTAL	875.00			
							875.00			
							875.00			
903	NCH Corporation	0000		EFT	01/10/2025	8982552		93567	99727	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		360.00				
						CHECK TOTAL	360.00			
							360.00			
							360.00			
2716	Nelson & Co LLC	0000		EFT	01/26/2025	SI168203		93546	99708	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		8.20				
							8.20			
2716	Nelson & Co LLC	0000		EFT	02/02/2025	SI168346		93548	99710	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		26.15				
							26.15			
2716	Nelson & Co LLC	0000	22400125	EFT	01/18/2025	SI168035		93689	99873	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		669.70				
							669.70			
2716	Nelson & Co LLC	0000		EFT	01/19/2025	SI168086		93690	99874	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105015 42231		GenSafeTr	UNIFORMS		353.25				
							353.25			
2716	Nelson & Co LLC	0000		EFT	02/06/2025	SI168440		93732	99917	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10108012 42200		GenPatrol	OPERSUP		8.20				
							8.20			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
2716	Nelson & Co LLC	0000		EFT	02/08/2025	SI168483		93845	100039		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr	UNIFORMS		34.40	34.40				
2716	Nelson & Co LLC	0000		EFT	02/08/2025	SC163143		93855	100049		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr	UNIFORMS		-13.20	-13.20				
2716	Nelson & Co LLC	0000		EFT	02/12/2025	SI168593		94022	100227		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105015 42231		GenSafeTr	UNIFORMS		29.70	29.70				
2716	Nelson & Co LLC	0000		EFT	02/12/2025	SI168636		94304	100525		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108012 42200		GenPatrol	OPERSUP		78.00	78.00				
						CHECK TOTAL	1,194.40				
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250101680		93753	99939		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		147.00	147.00				
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250101661		93754	99940		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		1,282.00	1,282.00				
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250102896		93822	100013		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		420.00	420.00				
327	Nelson Alarm Inc.	0000		INV	01/21/2025	250102149		94195	100415		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		300.00	300.00				
327	Nelson Alarm Inc.	0000		INV	12/21/2024	241201601		94622	100936		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		450.00	450.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	2,599.00			
5109	NIVERSON, MIRANDA M.	0000		INV	02/13/2025	94154		94154	100373	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES		39.79				
						CHECK TOTAL	39.79			
2184	North American Rescue	0000	22401315	EFT	02/08/2025	IN864747		93892	100086	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 42200	GenEMS		OPERSUP		1,817.56				
						CHECK TOTAL	1,817.56			
3313	Nova Healthcare IN LL	0000		EFT	02/02/2025	000002894573		93794	99981	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 62609014 43100	SWPWWater		PROSERVICE		320.76				
						CHECK TOTAL	320.76			
335	Office Three Sixty In	0000		EFT	02/02/2025	3049896CM		93525	99684	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP		-51.70				
						CHECK TOTAL	-51.70			
335	Office Three Sixty In	0000		EFT	01/10/2025	3053028		93934	100132	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP		55.99				
						CHECK TOTAL	55.99			
335	Office Three Sixty In	0000		EFT	02/06/2025	3069402		93976	100177	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP		69.31				
						CHECK TOTAL	69.31			
335	Office Three Sixty In	0000		EFT	02/09/2025	3069402B1		93979	100181	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101017 42200	GenFndCS		OPERSUP		23.00				
						CHECK TOTAL	23.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
335	Office Three Sixty In		0000		EFT	01/30/2025	3065498		94034	100247	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10101011 42200		GenMayorOf	OPERSUP		68.35	68.35			
335	Office Three Sixty In		0000		EFT	02/12/2025	3074244		94216	100436	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10106193 42200		GFICPKSMNT	OPERSUP		146.38	146.38			
335	Office Three Sixty In		0000		EFT	02/15/2025	3078311		94427	100730	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	20106191 42200		MVHICSRTS	OPERSUP		56.33	56.33			
335	Office Three Sixty In		0000		EFT	02/21/2025	3082807		94640	100957	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10102010 42200		GenClerk	OPERSUP		171.08	171.08			
							CHECK TOTAL	538.74			
99995	BARBARA J RUNCIMAN		0000		INV	01/12/2025	FD2024-00004945:1		93724	99909	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105012 43901		GenEMS	REFUNDS		99.45	99.45			
							CHECK TOTAL	99.45			
99995	BENGT H MATTSO		0000		INV	01/23/2025	FD2024-00006304:1		93730	99915	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105012 43901		GenEMS	REFUNDS		111.45	111.45			
							CHECK TOTAL	111.45			
99995	GRETAL H ORTIZ		0000		INV	01/23/2025	FD2024-00005842:1		93726	99911	
	ACCOUNT DETAIL						LINE AMOUNT				
	1	10105012 43901		GenEMS	REFUNDS		52.86	52.86			
							CHECK TOTAL	52.86			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
99995	HUMANA INCORPORATE	0000		INV	02/06/2025	FD2024-00007197:1		94302	100523	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		92.12				
						CHECK TOTAL	92.12			
							92.12			
99995	MAUREEN E LESTER	0000		INV	01/15/2025	FD2024-00005348:1		93725	99910	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		500.00				
						CHECK TOTAL	500.00			
							500.00			
99995	SUSAN L VESEY	0000		INV	02/12/2025	FD241210-1642-FISHER		94303	100524	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		309.23				
						CHECK TOTAL	309.23			
							309.23			
99995	UNITED HEALTHCARE COM	0000		INV	01/25/2025	FD2024-00006014:1		93727	99913	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		322.29				
						CHECK TOTAL	322.29			
							322.29			
99995	UNITED HEALTHCARE COM	0000		INV	02/08/2025	FD2024-00006972:1		94300	100521	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		96.48				
						CHECK TOTAL	96.48			
							96.48			
99995	UNITED HEALTHCARE COM	0000		INV	01/30/2025	FD2024-00007076:1		94301	100522	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43901		GenEMS	REFUNDS		11.06				
						CHECK TOTAL	11.06			
							11.06			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
99995	UNITED HEALTHCARE COM		0000		INV	02/02/2025	FD2024-00006745:1		94299	100520	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105012 43901			GenEMS	REFUNDS		83.79				
							CHECK TOTAL	83.79			
								83.79			
								83.79			
99995	UNITED HEALTHCARE INS		0000		INV	01/15/2025	FD2024-00001886:1		93723	99908	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105012 43901			GenEMS	REFUNDS		265.81				
							CHECK TOTAL	265.81			
								265.81			
								265.81			
99995	VU LUONG		0000		INV	01/22/2025	MISC-FISHERS:1		93731	99916	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105012 43901			GenEMS	REFUNDS		79.58				
							CHECK TOTAL	79.58			
								79.58			
								79.58			
343	OneZone Inc		0000	22500053	EFT	01/01/2025	84282		94563	100873	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10101014 43100			GenEcon	PROSERVICE		12,000.00				
							CHECK TOTAL	12,000.00			
								12,000.00			
								12,000.00			
2470	OnPoint Hub & Spoke L		0000		EFT	02/01/2025	2/25 Rent		94002	100205	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10101011 43100			GenMayorOf	PROSERVICE		38,763.59				
							CHECK TOTAL	38,763.59			
								38,763.59			
								38,763.59			
5142	OOLEY, CHRISTOPHER		0000		INV	02/13/2025	94187		94187	100407	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900			Sew	USERFEES		61.60				
							CHECK TOTAL	61.60			
								61.60			
								61.60			

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Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
347	Otis Elevator Company	0000		EFT	01/01/2025	100401773613		94073	100287	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		889.05	889.05			
347	Otis Elevator Company	0000		EFT	01/01/2025	100401773713		94074	100288	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		529.52	529.52			
347	Otis Elevator Company	0000		EFT	01/01/2025	100401773942		94075	100290	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		146.34	146.34			
347	Otis Elevator Company	0000		EFT	02/01/2025	100401809890		94433	100737	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		889.05	889.05			
347	Otis Elevator Company	0000		EFT	02/01/2025	100401809951		94437	100740	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		529.52	529.52			
347	Otis Elevator Company	0000		EFT	02/01/2025	100401810137		94438	100742	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109012 43100		GenPWBuild	PROSERVICE		158.05	158.05			
						CHECK TOTAL	3,141.53			
5002	Otodus Megalodon Prop	0000		EFT	03/05/2025	4Q2024-COF-CAM		94474	100780	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 43100		MNCPLHDFNB	PROSERVICE		1,698.30	1,698.30			
						CHECK TOTAL	1,698.30			
2230	Patrick A Hankley	0000		EFT	02/15/2025	DPG01132025E1		94229	100449	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks	PROSERVICE		200.00	200.00			
						CHECK TOTAL	200.00			

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Detail Invoice List

WARRANT: 12825 01/23/2025
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CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5113	PEELOR, MATTHEW	0000		INV	02/13/2025	94158		94158	100377		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		79.58					
						79.58					
						CHECK TOTAL	79.58				
4035	People Driven Technol	0000		EFT	11/09/2024	INV15220		93755	99941		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		225.00					
						225.00					
4035	People Driven Technol	0000		EFT	12/13/2024	INV15992		93756	99942		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		450.00					
						450.00					
						CHECK TOTAL	675.00				
5149	Pfizer Inc	0000		EFT	03/16/2025	9345883903		94432	100736		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 21205058 42200		CHD	OPERSUP		1,555.26					
						1,555.26					
						CHECK TOTAL	1,555.26				
384	Pinnacle Partners Inc	0000	22401247	EFT	01/15/2025	52384		93757	99943		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		8,421.00					
	2 60606050 43100		SewIT	PROSERVICE		3,609.00					
						12,030.00					
384	Pinnacle Partners Inc	0000	22401247	EFT	02/01/2025	52413		93758	99944		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		7,266.00					
	2 60606050 43100		SewIT	PROSERVICE		3,114.00					
						10,380.00					
384	Pinnacle Partners Inc	0000	22401247	EFT	02/12/2025	52486		94086	100301		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		6,216.00					
	2 60606050 43100		SewIT	PROSERVICE		2,664.00					
						8,880.00					
						CHECK TOTAL	31,290.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
366	Plumbers Supply Compa	0000		EFT	01/25/2025	91003552		93421	99575	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		31.86				
							31.86			
366	Plumbers Supply Compa	0000		EFT	01/25/2025	91001775		93719	99904	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		5.31				
							5.31			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91014647		93842	100034	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		160.23				
							160.23			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91014643		93843	100036	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		32.65				
							32.65			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91014641		93844	100037	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		257.40				
							257.40			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91018929		94198	100418	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	PERSUP		25.26				
							25.26			
						CHECK TOTAL	512.71			
1009	Pro Air Midwest LLC	0000	22401400	EFT	01/05/2025	15084		93691	99875	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10105012 43100		GenEMS	PROSERVICE		8,450.00				
							8,450.00			
						CHECK TOTAL	8,450.00			
4207	Propio LS LLC	0000		EFT	01/30/2025	0193791224		93788	99974	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 27155058 43100		HDVFC	PROSERVICE		413.18				
							413.18			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
4207	Propio LS LLC	0000		EFT	01/30/2025	0193801224		93802	99992		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10102100 43100		GenCourt	PROSERVICE		27.26					
							27.26				
4207	Propio LS LLC	0000		EFT	01/30/2025	0193841224		94098	100313		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		38.72					
							38.72				
4207	Propio LS LLC	0000		EFT	01/30/2025	0197551224		94099	100314		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		123.06					
							123.06				
4207	Propio LS LLC	0000		EFT	01/30/2025	0197571224		94100	100315		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG	PROSERVICE		8.22					
							8.22				
						CHECK TOTAL	610.44				
3328	Proveli LLC	0000	22401349	EFT	01/29/2025	116726		93557	99719		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109013 43100		GenPWParks	PROSERVICE		4,290.00					
							4,290.00				
3328	Proveli LLC	0000		EFT	12/04/2024	113499		93572	99734		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		1,766.82					
							1,766.82				
3328	Proveli LLC	0000		EFT	12/19/2024	115075		93897	100092		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		220.41					
							220.41				
3328	Proveli LLC	0000		EFT	02/14/2025	119007		94404	100706		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		1,743.81					
							1,743.81				
						CHECK TOTAL	8,021.04				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
375	PTR, Inc.	0000		EFT	01/22/2025	158552		93961	100162		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10109012 43100		GenPWBuild	PROSERVICE		607.80	607.80				
375	PTR, Inc.	0000		EFT	02/21/2025	158614		94600	100909		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks	PROSERVICE		77.65	77.65				
375	PTR, Inc.	0000		EFT	02/20/2025	158615		94601	100911		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 43100		GenParks	PROSERVICE		1,434.80	1,434.80				
						CHECK TOTAL	2,120.25				
374	PVS Nolwood Chemicals	0000	22401087	EFT	01/20/2025	23919869		93528	99687		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			5,285.40					
	2 60609014 42200		SewPWWaterOPERSUP			6,577.73	11,863.13				
374	PVS Nolwood Chemicals	0000	22401087	EFT	01/30/2025	23920980		93694	99878		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			11,742.56	11,742.56				
374	PVS Nolwood Chemicals	0000	22401087	EFT	02/21/2025	23922594		94662	100984		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			11,648.20	11,648.20				
						CHECK TOTAL	35,253.89				
433	RCS Contractor Suppli	0000		EFT	12/19/2024	1-555109		93502	99661		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			600.12	600.12				
						CHECK TOTAL	600.12				
2076	Regency Windsor Sunbl	0000		EFT	02/06/2025	1.7.25 letter		93792	99978		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 43100		SWPWWater PROSERVICE			1,132.46					

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR	REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
						1,132.46				
					CHECK TOTAL	1,132.46				
422 Reynolds Farm Equipme	0000		EFT	02/08/2025	P16131		93908	100103		
ACCOUNT DETAIL					LINE AMOUNT					
1 10106193 42200		GFICPKSMNTOPERSUP			559.98					
						559.98				
					CHECK TOTAL	559.98				
825 Rick L Alexander	0000		EFT	12/22/2024	24-016		94030	100243		
ACCOUNT DETAIL					LINE AMOUNT					
1 10101011 43100		GenMayorOf PROSERVICE			6,000.00					
						6,000.00				
825 Rick L Alexander	0000	22500075	EFT	02/13/2025	24-026		94635	100952		
ACCOUNT DETAIL					LINE AMOUNT					
1 20109011 43100		MVHPWStr PROSERVICE			3,200.00					
						3,200.00				
					CHECK TOTAL	9,200.00				
5043 Ronald Ummel	0000		EFT	12/21/2024	1067		93475	99631		
ACCOUNT DETAIL					LINE AMOUNT					
1 20206191 42200		LRSCSRTS OPERSUP			1,715.00					
						1,715.00				
					CHECK TOTAL	1,715.00				
3592 Safe Haven Baby Boxes	0000		EFT	12/31/2024	1324		94209	100429		
ACCOUNT DETAIL					LINE AMOUNT					
1 10105013 43100		GenLogist PROSERVICE			300.00					
						300.00				
					CHECK TOTAL	300.00				
5104 SAMS (TENANT), CINDY	0000		INV	02/13/2025	94147		94147	100366		
ACCOUNT DETAIL					LINE AMOUNT					
1 60600000 34900		Sew USERFEES			79.58					
						79.58				
					CHECK TOTAL	79.58				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5145	SAPARA, MORGAN J.	0000		INV	02/13/2025	94190		94190	100410	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES		31.00				
						CHECK TOTAL	31.00			
							31.00			
							31.00			
1620	Ron Sawyer	0000		INV	02/01/2025	R Sawyer 1.2.25		93507	99667	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43200	SewPWWater	COMMTTRANS			30.00				
						CHECK TOTAL	30.00			
							30.00			
							30.00			
5146	SCHIPPER, MARK B	0000		INV	02/13/2025	94191		94191	100411	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES		3,038.00				
						CHECK TOTAL	3,038.00			
							3,038.00			
							3,038.00			
5143	SENISSE, JORGE O.	0000		INV	02/13/2025	94188		94188	100408	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900	Sew		USERFEES		61.00				
						CHECK TOTAL	61.00			
							61.00			
							61.00			
3550	Shambaugh & Son LP	0000	22400473	EFT	01/19/2025	18653682		93779	99965	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60609014 43100	SewPWWater	PROSERVICE			10,350.00				
						CHECK TOTAL	10,350.00			
							10,350.00			
							10,350.00			
466	Sharp Printing Servic	0000		EFT	01/23/2025	106362		93865	100059	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 21105058 43300	MNCPLHDFN	BRINTADVER			61.50				
						CHECK TOTAL	61.50			
							61.50			
466	Sharp Printing Servic	0000		EFT	01/23/2025	106360		94000	100204	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 42200	GenParks	OPERSUP			80.00				
						CHECK TOTAL	80.00			
							80.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
466	Sharp Printing Servic	0000		EFT	02/16/2025	106544		94501	100808		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101016 43300		GenPR	PRINTADVER		225.00					
							225.00				
466	Sharp Printing Servic	0000		EFT	02/16/2025	106521		94610	100920		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10107010 42200		GenParks	OPERSUP		80.00					
							80.00				
						CHECK TOTAL	446.50				
3062	SHI International Cor	0000	22500006	EFT	01/29/2025	B19207667		93759	99945		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		16,603.11					
	2 62606050 43100		SWIT	PROSERVICE		1,844.79					
							18,447.90				
3062	SHI International Cor	0000	22500025	EFT	02/09/2025	B19241709		94085	100300		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		61,339.53					
	2 62606050 43100		SWIT	PROSERVICE		3,228.40					
							64,567.93				
3062	SHI International Cor	0000	22500003	EFT	02/12/2025	B19246723		94143	100362		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		8,930.61					
	2 62606050 43100		SWIT	PROSERVICE		992.29					
							9,922.90				
						CHECK TOTAL	92,938.73				
4600	Speck Dempsey LLC	0000	22401238	EFT	01/30/2025	1139		93384	99536		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10103012 43100		GenPZ	PROSERVICE		4,000.00					
							4,000.00				
						CHECK TOTAL	4,000.00				
2114	St Vincent Health, We	0000	22400311	EFT	01/29/2025	20-42716		93693	99877		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105011 43100		GenFireAdm	PROSERVICE		2,755.66					
	2 10105011 43100		GenFireAdm	PROSERVICE		7,478.42					
							10,234.08				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2114	St Vincent Health, We		0000		EFT	01/29/2025	20-42718		93695	99879	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105011 43100			GenFireAdm	PROSERVICE			802.08			
								802.08			
							CHECK TOTAL	11,036.16			
3879	Stantec Consulting Se		0000	22400005	EFT	12/11/2024	2313051		93978	100180	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10109013 43100			GenPWParks	PROSERVICE			2,662.50			
								2,662.50			
							CHECK TOTAL	2,662.50			
3561	State Of Indiana		0000		INV	01/18/2025	26535-12182024		93642	99807	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 21205058 43100			CHD	PROSERVICE			540.00			
								540.00			
							CHECK TOTAL	540.00			
5105	Stations Hotel Partne		0000		INV	02/13/2025	94148		94148	100367	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900			Sew	USERFEES			244.55			
								244.55			
							CHECK TOTAL	244.55			
5117	STEIN, ALLYSON		0000		INV	02/13/2025	94162		94162	100381	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900			Sew	USERFEES			38.79			
								38.79			
							CHECK TOTAL	38.79			
460	Stericycle, Inc.		0000		EFT	01/15/2025	8009430036		93696	99880	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105012 43100			GenEMS	PROSERVICE			90.67			
								90.67			
							CHECK TOTAL	90.67			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2873	Stevenson Legal Group		0000	22400308	EFT	02/06/2025	17751		93968	100169	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10101011 43101			GenMayorOf	LGLSVCS		828.35				
							828.35				
							CHECK TOTAL	828.35			
504	Straeffer Pump & Supp		0000		EFT	01/08/2025	43305		93859	100053	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60609014 43100			SewPWWater	PROSERVICE		1,040.00				
							1,040.00				
							CHECK TOTAL	1,040.00			
558	Stryker Sales Corpora		0000	22401340	EFT	02/14/2025	9208251708		94362	100661	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10105012 42200			GenEMS	OPERSUP		717.34				
							717.34				
							CHECK TOTAL	717.34			
507	Sunbelt Rentals Inc		0000	22401399	EFT	01/23/2025	162890365-0001		93602	99766	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 10107010 43100			GenParks	PROSERVICE		4,303.18				
							4,303.18				
507	Sunbelt Rentals Inc		0000		EFT	12/07/2024	161243432-0001		94405	100707	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20109011 43100			MVHPWStr	PROSERVICE		1,870.00				
							1,870.00				
507	Sunbelt Rentals Inc		0000	22500076	EFT	12/11/2024	161329228-0001		94630	100946	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20109011 43100			MVHPWStr	PROSERVICE		3,015.00				
							3,015.00				
							CHECK TOTAL	9,188.18			
20	Suzanne Finneran Clif		0000	22400817	EFT	01/31/2025	155		93790	99976	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 21205058 43100			CHD	PROSERVICE		12,500.00				
							12,500.00				
							CHECK TOTAL	12,500.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
527	T&T Sales & Promotion	0000		EFT	01/18/2025	56200		93450	99604		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			105.00	105.00				
527	T&T Sales & Promotion	0000		EFT	02/15/2025	56272		94411	100713		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			242.00	242.00				
						CHECK TOTAL	347.00				
573	TargetSolutions Learn	0000	22500020	EFT	01/31/2025	INV109107		94101	100316		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10101012 43100		GenBSG PROSERVICE			16,694.70	16,694.70				
						CHECK TOTAL	16,694.70				
3019	Taylorred Systems LLC	0000		EFT	01/31/2025	109982		93762	99948		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT PROSERVICE			285.00					
	2 10106050 42200		GenIT OPERSUP			89.59	374.59				
3019	Taylorred Systems LLC	0000		EFT	01/31/2025	109981		93763	99949		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT PROSERVICE			1,419.95					
	2 10106050 42200		GenIT OPERSUP			301.54	1,721.49				
3019	Taylorred Systems LLC	0000	22201212	EFT	02/15/2025	110151		93921	100117		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT PROSERVICE			13,195.38					
	2 10106050 43100		GenIT PROSERVICE			20,356.49	33,551.87				
3019	Taylorred Systems LLC	0000	22201272	EFT	02/15/2025	110152		93922	100118		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT PROSERVICE			23,713.03	23,713.03				
3019	Taylorred Systems LLC	0000	22201270	EFT	02/15/2025	110154		93923	100119		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT PROSERVICE			9,811.80					

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
3019	Taylor Systems LLC	0000	22201271	EFT	02/15/2025	110153	9,811.80	93924	100120		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		21,762.43					
							21,762.43				
3019	Taylor Systems LLC	0000	22401020	EFT	11/15/2024	109116		93925	100121		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		0.00					
	2 10106050 43100		GenIT	PROSERVICE		1,062.50					
							1,062.50				
3019	Taylor Systems LLC	0000	22401020	EFT	10/10/2024	109118		93926	100122		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 42200		GenIT	OPERSUP		66.06					
	2 10106050 43100		GenIT	PROSERVICE		312.50					
							378.56				
						CHECK TOTAL	92,376.27				
2268	Teleflex LLC	0000		EFT	01/11/2025	9509335758		93698	99882		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		299.00					
							299.00				
2268	Teleflex LLC	0000		EFT	01/11/2025	9509335760		93699	99883		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105012 42200		GenEMS	OPERSUP		50.00					
							50.00				
						CHECK TOTAL	349.00				
5098	The CI Thornburg Co I	0000	22401089	EFT	01/08/2025	S100280848.001		94378	100680		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		19,602.40					
							19,602.40				
						CHECK TOTAL	19,602.40				
282	The Mailing Station,	0000		EFT	01/17/2025	176024		93550	99712		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10108015 43100		GenPDSpprt	PROSERVICE		10.04					
							10.04				
						CHECK TOTAL	10.04				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100			APCash								
VENDOR			REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5111	THOMAS, BENJAMIN		0000		INV	02/13/2025	94156		94156	100375	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900		Sew		USERFEES		39.79				
								39.79			
							CHECK TOTAL	39.79			
5122	THOMAS, JOSHUA & STEP		0000		INV	02/13/2025	94167		94167	100386	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900		Sew		USERFEES		39.79				
								39.79			
							CHECK TOTAL	39.79			
4307	Tiger Connect Inc		0000		EFT	02/01/2025	11104077		93799	99988	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 21101012 43100		MHFBSG		PROSERVICE		3,150.00				
								3,150.00			
							CHECK TOTAL	3,150.00			
5126	TOOR, NATHA S.		0000		INV	02/13/2025	94171		94171	100390	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 60600000 34900		Sew		USERFEES		39.79				
								39.79			
							CHECK TOTAL	39.79			
569	Traffic & Parking Con		0000	22401134	EFT	02/05/2025	1793893		94401	100703	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20209011 43100		LRSPWSTR		PROSERVICE		3,537.00				
								3,537.00			
							CHECK TOTAL	3,537.00			
569	Traffic & Parking Con		0000	22401283	EFT	01/02/2025	1792307		94255	100474	
	ACCOUNT DETAIL						LINE AMOUNT				
	1 20104010 43100		MVHEng		PROSERVICE		1,883.25				
								1,883.25			
							CHECK TOTAL	1,883.25			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
569	Traffic & Parking Con	0000	22401283	EFT	02/09/2025	1794218		94256	100476	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20104010 43100		MVHEng	PROSERVICE		270.00				
							270.00			
						CHECK TOTAL	270.00			
569	Traffic & Parking Con	0000	22401283	EFT	01/02/2025	1792339		94257	100477	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20104010 42200		MVHEng	OPERSUP		108.36				
	2 20104010 42200		MVHEng	OPERSUP		548.04				
	3 20104010 43100		MVHEng	PROSERVICE		2,209.50				
							2,865.90			
						CHECK TOTAL	2,865.90			
569	Traffic & Parking Con	0000	22401283	EFT	01/01/2025	1792291		94522	100830	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20104010 43100		MVHEng	PROSERVICE		829.94				
	2 20104010 43100		MVHEng	PROSERVICE		87.06				
							917.00			
						CHECK TOTAL	917.00			
553	Trane US Inc.	0000		EFT	02/07/2025	18373594		94122	100337	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10106192 42200		GFICBLDGMN	OPERSUP		101.66				
							101.66			
						CHECK TOTAL	101.66			
589	Tucor, Inc	0000	22500071	EFT	02/02/2025	106517		94632	100948	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10109013 43100		GenPWParks	PROSERVICE		3,260.00				
							3,260.00			
						CHECK TOTAL	3,260.00			
839	Tyler Technologies In	0000		EFT	12/30/2024	045-495743		94102	100317	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 60600000 34900		Sew	USERFEES		215.00				
							215.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
839	Tyler Technologies In			0000		EFT	01/12/2025	045-497893		94103	100318	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES			195.00			
									195.00			
839	Tyler Technologies In			0000		EFT	01/14/2025	045-498395		94104	100320	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60600000	34900		Sew	USERFEES			5.00			
									5.00			
839	Tyler Technologies In			0000	22500027	EFT	02/15/2025	045-497549		94107	100322	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101012	43100		GenBSG	PROSERVICE			212,482.20			
									212,482.20			
								CHECK TOTAL	212,897.20			
122	UKG Kronos Systems LL			0000	22401373	EFT	12/28/2024	12330914		94109	100324	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60601012	43100		BSGSWR	PROSERVICE			35,000.00			
	2	10101012	43100		GenBSG	PROSERVICE			36,313.94			
									71,313.94			
122	UKG Kronos Systems LL			0000	22500015	EFT	02/04/2025	12344972		94111	100326	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10101012	43100		GenBSG	PROSERVICE			2,566.06			
									2,566.06			
								CHECK TOTAL	73,880.00			
58	Uline Inc			0000		EFT	11/02/2024	183905781		94211	100431	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	20106191	42200		MVHICSR	OPERSUP			148.52			
									148.52			
								CHECK TOTAL	148.52			
2039	Ultimate Technologies			0000	22500043	EFT	02/19/2025	ARI001675		94542	100850	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	42200		GenIT	OPERSUP			515.57			
	2	10106050	43100		GenIT	PROSERVICE			1,101.43			
									1,617.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2039	Ultimate Technologies			0000	22500042	EFT	02/19/2025	ARI001674		94543	100851	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	42200		GenIT	OPERSUP			2,388.03			
	2	10106050	43100		GenIT	PROSERVICE			2,419.53			
									4,807.56			
2039	Ultimate Technologies			0000	22500044	EFT	02/19/2025	ARI001673		94544	100852	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	42200		GenIT	OPERSUP			2,695.67			
	2	10106050	43100		GenIT	PROSERVICE			396.71			
									3,092.38			
								CHECK TOTAL	9,516.94			
4214	United Rentals (North			0000	22401398	EFT	01/01/2025	241850314-001		93593	99757	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	43100		GenParks	PROSERVICE			1,110.00			
									1,110.00			
4214	United Rentals (North			0000		EFT	01/06/2025	221237525-023		93965	100165	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE			195.00			
									195.00			
4214	United Rentals (North			0000		EFT	02/02/2025	221237525-024		93966	100167	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10109013	43100		GenPWParks	PROSERVICE			195.00			
									195.00			
4214	United Rentals (North			0000		EFT	12/23/2024	224169921-017		94517	100826	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10107010	43100		GenParks	PROSERVICE			811.00			
									811.00			
								CHECK TOTAL	2,311.00			
585	Upper White River Wat			0000	22401211	EFT	02/05/2025	WRA_25_03		93964	100166	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	62609014	43100		SWPWWater	PROSERVICE			10,000.00			
									10,000.00			
								CHECK TOTAL	10,000.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1871	UrbanEco Properties L			0001		EFT	02/01/2025	2/25 Rent		94006	100210	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	47140000	43700		FishersI69	RENTALS			14,327.83			
									14,327.83			
								CHECK TOTAL	14,327.83			
5003	UV Sales LLC			0000	22401111	EFT	12/20/2024	3491		93541	99701	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	60609014	42200		SewPWWaterOPERSUP				7,640.00			
									7,640.00			
								CHECK TOTAL	7,640.00			
614	Van Ausdall & Farrar			0000	22400974	EFT	01/15/2025	638052		93765	99951	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	43100		GenIT	PROSERVICE			143.79			
	2	62606050	43100		SWIT	PROSERVICE			0.00			
									143.79			
614	Van Ausdall & Farrar			0000	22400974	EFT	01/17/2025	638439		93766	99952	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	43100		GenIT	PROSERVICE			74.70			
	2	62606050	43100		SWIT	PROSERVICE			0.00			
									74.70			
614	Van Ausdall & Farrar			0000	22400974	EFT	01/17/2025	638438		93767	99953	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	43100		GenIT	PROSERVICE			22.26			
	2	62606050	43100		SWIT	PROSERVICE			0.00			
									22.26			
614	Van Ausdall & Farrar			0000	22400974	EFT	01/31/2025	85887		93769	99955	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	43100		GenIT	PROSERVICE			5,356.79			
	2	62606050	43100		SWIT	PROSERVICE			484.99			
	3	21106050	43100		MHFIT	PROSERVICE			282.03			
									6,123.81			
614	Van Ausdall & Farrar			0000	22400974	EFT	02/06/2025	639680		93927	100123	
	ACCOUNT DETAIL							LINE AMOUNT				
	1	10106050	43100		GenIT	PROSERVICE			2,051.44			
	2	62606050	43100		SWIT	PROSERVICE			25.93			
	3	21106050	43100		MHFIT	PROSERVICE			46.75			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash								
VENDOR				REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
									2,124.12			
								CHECK TOTAL	8,488.68			
5129	VANDEVENDER, JASON &			0000		INV	02/13/2025	94174		94174	100393	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 60600000 34900			Sew		USERFEES			47.75			
									47.75			
								CHECK TOTAL	47.75			
3565	Verantis Corporation			0000	22500001	EFT	01/09/2025	007167		93543	99704	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 60609014 43100			SewPWWaterPROSERVICE					5,512.00			
									5,512.00			
								CHECK TOTAL	5,512.00			
2992	Vision Event Manageme			0000		EFT	01/15/2025	1733		94614	100925	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 27907054 43100			CCFHlthWII		PROSERVICE			11,362.00			
									11,362.00			
								CHECK TOTAL	11,362.00			
2813	Visionary Cove LLC			0000		EFT	02/01/2025	2/25 Rent		94005	100208	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 47140000 43700			FishersI69		RENTALS			61,450.00			
									61,450.00			
								CHECK TOTAL	61,450.00			
1074	Vogel Traffic Service			0000	22400943	EFT	10/11/2024	075778		94458	100762	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 20206191 42200			LRSICSRTS		OPERSUP			4,316.53			
									4,316.53			
1074	Vogel Traffic Service			0000	22400943	EFT	10/18/2024	075819		94461	100765	
	ACCOUNT DETAIL							LINE AMOUNT				
	1 20206191 42200			LRSICSRTS		OPERSUP			183.47			
	2 20206191 42200			LRSICSRTS		OPERSUP			723.69			
									907.16			
								CHECK TOTAL	5,223.69			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100				APCash							
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
5135	WATSON, MARIA & GRAHA	0000		INV	02/13/2025	94180		94180	100399		
	ACCOUNT DETAIL					LINE AMOUNT					
1	60600000 34900		Sew	USERFEES		79.58					
						CHECK TOTAL	79.58				
							79.58				
2380	Whites Ace Hardware F	0000		EFT	01/22/2025	37599876		93533	99693		
	ACCOUNT DETAIL					LINE AMOUNT					
1	60609014 42200		SewPWWaterOPERSUP			19.96					
						CHECK TOTAL	19.96				
							19.96				
2380	Whites Ace Hardware F	0000		EFT	02/07/2025	37604579		93847	100041		
	ACCOUNT DETAIL					LINE AMOUNT					
1	10106192 42200		GFICBLDGMNOPERSUP			31.98					
						CHECK TOTAL	31.98				
							31.98				
2380	Whites Ace Hardware F	0000		EFT	02/08/2025	37604641		94527	100835		
	ACCOUNT DETAIL					LINE AMOUNT					
1	62603011 42200		SWPI OPERSUP			71.96					
						CHECK TOTAL	71.96				
							71.96				
2380	Whites Ace Hardware F	0000		EFT	02/16/2025	37606616		94547	100855		
	ACCOUNT DETAIL					LINE AMOUNT					
1	10106192 42200		GFICBLDGMNOPERSUP			84.95					
						CHECK TOTAL	84.95				
							208.85				
5120	WHITFORD, IAN & MARCI	0000		INV	02/13/2025	94165		94165	100384		
	ACCOUNT DETAIL					LINE AMOUNT					
1	60600000 34900		Sew	USERFEES		39.79					
						CHECK TOTAL	39.79				
							39.79				
2737	Wild Ridge Lawn & Lan	0000	22400046	EFT	01/30/2025	34619		94037	100250		
	ACCOUNT DETAIL					LINE AMOUNT					
1	20109011 43100		MVHPWStr PROSERVICE			31,872.60					
						CHECK TOTAL	31,872.60				
							31,872.60				
2737	Wild Ridge Lawn & Lan	0000	22401217	EFT	01/17/2025	34611		94041	100254		
	ACCOUNT DETAIL					LINE AMOUNT					
1	20109011 43100		MVHPWStr PROSERVICE			11,620.00					
						CHECK TOTAL	11,620.00				
							11,620.00				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash								
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2737	Wild Ridge Lawn & Lan	0000	22401252	EFT	01/17/2025	34615		94042	100255	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20209011 43100		LRSPWSTRTPROSERVICE			11,882.00				
							11,882.00			
2737	Wild Ridge Lawn & Lan	0000	22401194	EFT	01/15/2025	34599		94043	100256	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr PROSERVICE			2,199.00				
							2,199.00			
2737	Wild Ridge Lawn & Lan	0000	22401183	EFT	01/15/2025	34600		94044	100257	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr PROSERVICE			4,913.00				
							4,913.00			
2737	Wild Ridge Lawn & Lan	0000	22401293	EFT	01/30/2025	34601		94045	100258	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20209011 43100		LRSPWSTRTPROSERVICE			19,242.00				
							19,242.00			
2737	Wild Ridge Lawn & Lan	0000	22400046	EFT	01/30/2025	34620		94047	100260	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20109011 43100		MVHPWStr PROSERVICE			5,770.31				
	2 20109011 43100		MVHPWStr PROSERVICE			0.06				
							5,770.37			
						CHECK TOTAL	87,498.97			
4317	Wilkinson Brothers In	0000	22301378	EFT	02/06/2025	250106		93640	99804	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10107010 43100		GenParks PROSERVICE			9,000.00				
							9,000.00			
						CHECK TOTAL	9,000.00			
204	Workplace Services Co	0000		EFT	02/15/2025	LS-IN-100775		94655	100976	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 10101015 43100		GenHR PROSERVICE			100.00				
							100.00			
						CHECK TOTAL	100.00			
1309	WW Grainger Inc	0000		EFT	09/26/2024	9229971628		93412	99566	
	ACCOUNT DETAIL					LINE AMOUNT				
	1 20106191 42200		MVHICSRSTS OPERSUP			492.10				

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
							492.10				
1309	WW Grainger Inc	0000		EFT	01/19/2025	9352795448		93414	99568		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			58.02					
							58.02				
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392570		93415	99569		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			25.08					
							25.08				
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392596		93417	99571		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			1,942.54					
							1,942.54				
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392562		93419	99573		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			1,865.99					
							1,865.99				
1309	WW Grainger Inc	0000		EFT	10/05/2024	9238784897		93430	99584		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			188.50					
							188.50				
1309	WW Grainger Inc	0000		EFT	01/19/2025	9352795455		93431	99585		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			55.16					
							55.16				
1309	WW Grainger Inc	0000		EFT	01/30/2025	9358392588		93435	99589		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			565.26					
							565.26				
1309	WW Grainger Inc	0000		EFT	01/29/2025	9357563890		93448	99602		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT OPERSUP			9.60					
							9.60				
1309	WW Grainger Inc	0000		EFT	02/01/2025	9359554038		93504	99663		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			1,005.58					
							1,005.58				

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Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000	22401275	EFT	10/05/2024	9238784889		93537	99697		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			443.09	443.09				
1309	WW Grainger Inc	0000	22401275	EFT	01/22/2025	9353895411		93539	99699		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			32.52	32.52				
1309	WW Grainger Inc	0000	22401275	EFT	01/29/2025	9357563882		93540	99700		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWaterOPERSUP			97.56	97.56				
1309	WW Grainger Inc	0000		EFT	01/18/2025	9351785770		93568	99730		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRSTS OPERSUP			93.12	93.12				
1309	WW Grainger Inc	0000		EFT	01/16/2025	9349114323		93678	99862		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist OPERSUP			32.28	32.28				
1309	WW Grainger Inc	0000		EFT	01/29/2025	9356859752		93679	99863		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist OPERSUP			85.54	85.54				
1309	WW Grainger Inc	0000		EFT	01/29/2025	9356859760		93680	99864		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist OPERSUP			436.14	436.14				
1309	WW Grainger Inc	0000		EFT	01/15/2025	9347429657		93716	99901		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNTOPERSUP			1,260.68	1,260.68				
1309	WW Grainger Inc	0000		EFT	01/16/2025	9348572943		93718	99903		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMNOPERSUP			232.78	232.78				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	01/16/2025	9348572935		93720	99905		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		198.00	198.00				
1309	WW Grainger Inc	0000		EFT	02/06/2025	9363381683		93785	99971		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		276.43	276.43				
1309	WW Grainger Inc	0000		EFT	02/06/2025	9363837486		93786	99972		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		709.94	709.94				
1309	WW Grainger Inc	0000	22500022	EFT	01/08/2025	9339645617		93797	99986		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		2,007.27	2,007.27				
1309	WW Grainger Inc	0000	22500023	EFT	01/08/2025	9339645625		93798	99987		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		2,074.60	2,074.60				
1309	WW Grainger Inc	0000		EFT	02/06/2025	9363834145		93850	100044		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		67.91	67.91				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367378297		93891	100085		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		59.88	59.88				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100741		93894	100089		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		447.84	447.84				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100717		93895	100090		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		323.82	323.82				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100709		93896	100091		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS OPERSUP			273.36					
							273.36				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100691		93899	100094		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			1,586.84					
							1,586.84				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100667		93900	100095		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			1,969.28					
							1,969.28				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100683		93902	100096		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			535.69					
							535.69				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100733		93906	100101		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT OPERSUP			101.52					
							101.52				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100675		93907	100102		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT OPERSUP			1,697.40					
							1,697.40				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100758		93910	100105		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater OPERSUP			426.77					
							426.77				
1309	WW Grainger Inc	0000		EFT	02/08/2025	9367100725		94088	100303		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater OPERSUP			520.06					
							520.06				
1309	WW Grainger Inc	0000		EFT	02/09/2025	9368194958		94115	100330		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN OPERSUP			21.22					
							21.22				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	02/09/2025	9368194941		94118	100333		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		1,741.40	1,741.40				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9370965197		94203	100423		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		951.45	951.45				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9371414658		94204	100424		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		175.73	175.73				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9371771529		94205	100425		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10105013 42200		GenLogist	OPERSUP		7.80	7.80				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9370833387		94212	100432		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		360.21	360.21				
1309	WW Grainger Inc	0000		EFT	02/13/2025	9370833379		94213	100433		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		1,669.78	1,669.78				
1309	WW Grainger Inc	0000	22401275	EFT	02/13/2025	9370833395		94220	100440		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 42200		SewPWWater	OPERSUP		1,828.47	1,828.47				
1309	WW Grainger Inc	0000		EFT	02/15/2025	9374559541		94412	100714		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		40.27	40.27				
1309	WW Grainger Inc	0000		EFT	02/15/2025	9374559533		94415	100715		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		338.71	338.71				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
 DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
1309	WW Grainger Inc	0000		EFT	02/15/2025	9374559558		94416	100718		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		21.22	21.22				
1309	WW Grainger Inc	0000		EFT	02/14/2025	9373520437		94421	100723		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		31.42	31.42				
1309	WW Grainger Inc	0000		EFT	02/14/2025	9373520411		94422	100724		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106193 42200		GFICPKSMNT	OPERSUP		280.80	280.80				
1309	WW Grainger Inc	0000		EFT	02/16/2025	9376588043		94546	100854		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 20106191 42200		MVHICSRTS	OPERSUP		34.36	34.36				
1309	WW Grainger Inc	0000		EFT	02/16/2025	9376588050		94549	100858		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		23.39	23.39				
1309	WW Grainger Inc	0000	22500066	EFT	01/30/2025	9358392539		94629	100945		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106192 42200		GFICBLDGMN	OPERSUP		2,880.11	2,880.11				
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560269		94633	100949		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 62609014 42200		SWPWWater	OPERSUP		150.89	150.89				
						CHECK TOTAL	32,755.38				
681	Xylem Dewatering Solu	0000	22500004	EFT	01/26/2025	3556D53006		93521	99680		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		2,612.50	2,612.50				
681	Xylem Dewatering Solu	0000	22500004	EFT	02/17/2025	3556D56345		93825	100016		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWater	PROSERVICE		2,612.50	2,612.50				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 12825 01/23/2025
DUE DATE: 01/23/2025

CASH ACCOUNT: 99900000 10100		APCash									
VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK	
681	Xylem Dewatering Solu	0000	22500004	EFT	02/17/2025	3556D56346		93826	100017		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			2,612.50					
							2,612.50				
681	Xylem Dewatering Solu	0000	22500004	EFT	02/17/2025	3556D56347		93827	100018		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60609014 43100		SewPWWaterPROSERVICE			2,612.50					
							2,612.50				
						CHECK TOTAL	10,450.00				
2036	Zayo Group Holdings I	0000	22500050	EFT	01/31/2025	2025010028823		94539	100847		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 10106050 43100		GenIT	PROSERVICE		242.71					
	2 60606050 43100		SewIT	PROSERVICE		80.90					
	3 62606050 43100		SWIT	PROSERVICE		80.90					
	4 10106050 43100		GenIT	PROSERVICE		3,220.38					
	5 60606050 43100		SewIT	PROSERVICE		644.08					
	6 62606050 43100		SWIT	PROSERVICE		429.38					
							4,698.35				
						CHECK TOTAL	4,698.35				
5123	ZHENG, JIAN	0000		INV	02/13/2025	94168		94168	100387		
	ACCOUNT DETAIL					LINE AMOUNT					
	1 60600000 34900		Sew	USERFEES		39.79					
							39.79				
						CHECK TOTAL	39.79				
895	INVOICES					WARRANT TOTAL	2,999,176.50				
						CASH ACCOUNT BALANCE	2,999,176.50				
							31,479,380.97				



Board Action Form

MEETING DATE	1/28/2025			
TITLE	Resolution Approving Presenting Sponsorship Agreement.			
SUBMITTED BY	Name & Title: Jake Reardon-McSoley; Director of Recreation and Wellness			
	Department:			
MEETING TYPE	☐ Work Session ☐ Executive	☒ Regular	☐ Special	☐ Retreat
AGENDA CLASSIFICATION	☐ Consent	☐ Ordinance	☐ Resolution	☒ Regular
ORDINANCE/RESOLUTION (New ordinances or resolutions are assigned a new number)	☒ 1 st Reading	☒ 2 nd Reading	☐ Public Hearing	☒ 3 rd Reading
	Ordinance #:		Resolution #: R012825	
CONTRACTS (Contracts include other similar documents such as agreements and memorandum of understandings. <u>Check all applicable boxes pertaining to contracts</u>)	☒ Contract required for this item		☐ Signed copy of contract attached	
	☐ Seeking award or other scenario & will provide contract at a later date		☐ No contract for this item	
	☒ Contract over \$50,000 Please mark the box in the other column that pertains to this contract.		☐ Services ☐ Capital Outlay ☐ Debt Services	
HAMILTON COUNTY (Some documents need recorded by the City Clerk)	☐ Document must be recorded with the County Recorder's Office ☐ Wait 31 days prior to filing with the County Recorders' Office		☒ Document does not need recorded with the County Recorder's Office	

APPROVALS/REVIEWS	☐ Assistant/Deputy Department Head		☐ Controller's Office
	☒ Department Head		☐ Finance Committee
	☐ Deputy Mayor		☐ Technical Advisory Committee
	☐ Mayor		☐ Other:
	☒ Legal Counsel – Name of Reviewer: Jennifer C. Messer		
BACKGROUND (Includes description, background, and justification)	The City of Fishers owns and operates the Fishers AgriPark, Fishers Community Center (under construction), Nickel Plate Trail, Spark! Fishers 5K and Fishers Farmers Market (collectively, the "Assets"). Indiana University Health, Inc. ("IU Health") desires to sponsor the Assets. Specifically, IU Health desires to compensate the City in the aggregate amount of over \$7 Million for fifteen (15) years for the following: 1) exclusive healthcare sponsor for the Assets; and 2) designation as the "Official Health and Wellness Partner" of the Community Center, Fishers Farmer's Market, Fishers Nickel Plate Trail, Spark! Fishers 5K, and the AgriPark (collectively, the "General Rights & Entitlements"). In addition to the General Rights & Entitlements, IU Health will receive ancillary rights like signage, advertising on social media for the Assets and the right to provide limited programming and activation at the community center.		
BUDGETING AND FINANCIAL IMPACT (Includes project costs and funding sources)	Budgeted \$:	apx. \$7,683,528.78 in revenue over 15 years (paid annually in escalating payments)	
	Expenditure \$:		
	Source of Funds:		
	Additional Appropriation #:		
	Narrative:		
OPTIONS (Include Deny Approval Option)	1.	Approve the Resolution	
	2.	Reject the Resolution	
	3.		
	4.		
PROJECT TIMELINE	Payments begin for 2025.		
STAFF RECOMMENDATION (Board reserves the right to accept or deny recommendations)	Staff recommends approving the Resolution		
SUPPLEMENTAL INFORMATION (List all attached documents)			

RESOLUTION NO. R012825

**RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY
APPROVING PRESENTING SPONSORSHIP AGREEMENT WITH INDIANA
UNIVERSITY HEALTH, INC.**

WHEREAS, the City of Fishers, Hamilton County, Indiana (“City”) owns and operates the Fishers AgriPark, Fishers Community Center (under construction), Nickel Plate Trail, Spark! Fishers 5K and Fishers Farmers Market (collectively, the "Assets");

WHEREAS, Indiana University Health, Inc., an Indiana nonprofit corporation (“IU Health”) desires to sponsor the Assets and specifically to compensate the City in the aggregate amount of over \$7 Million for fifteen (15) years for certain sponsorship rights;

WHEREAS, in addition to the sponsorship rights, IU Health will receive ancillary rights like signage, advertising on social media for the Assets and the right to provide limited programming and activation at the community center; and

WHEREAS, all rights and obligations of the City and IU Health are specifically described in the Presenting Sponsorship Agreement attached hereto and incorporated herein as Exhibit A (the “Agreement”).

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers Board of Public Works and Safety meeting in a duly noticed and regularly scheduled meeting as follows:

- Section 1.** The Board hereby approves the Presenting Sponsorship Agreement attached hereto as Exhibit A.
- Section 2.** The Mayor is hereby authorized to execute a presenting sponsorship agreement substantially similar to the Agreement.
- Section 3.** This Resolution shall be in full force and effect from and upon its adoption and in accordance with Indiana law.

ALL OF WHICH IS RESOLVED by the City of Fishers Board of Public Works & Safety this 28th day of January, 2025.

**BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk



instrument prepared by: Lindsey M. Bennett, Corporation Counsel, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

““I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.” /s/ Lindsey M. Bennett

PRESENTING SPONSORSHIP AGREEMENT

This PRESENTING SPONSORSHIP AGREEMENT (the “Agreement”), made and entered into this 28th of January, 2025 (the “Effective Date”) by and between the City of Fishers, Hamilton County, Indiana, an Indiana municipal corporation, with an office address of 1 Municipal Drive, Fishers, Indiana 46038 (“Entity”) and Indiana University Health, Inc., a non-profit corporation with an office address at 340 W. 10th Street, Indianapolis, Indiana 46202 (“Sponsor”). Entity and Sponsor are sometimes together referred to herein as the “Parties” and individually as a “Party”.

WITNESSETH:

WHEREAS, Entity owns and operates the Assets (as defined below and further described in Section 2); and

WHEREAS, Entity has the right to sell Presenting Sponsorship Rights and other sponsorship and associated rights for the Assets to the Sponsor; and

WHEREAS, Sponsor desires to purchase Presenting Sponsorship Rights and other sponsorship and associated rights with respect to the Assets, all as more fully set forth herein; and

WHEREAS, Entity desires to sell Presenting Sponsorship Rights and other sponsorship and associated rights to the Assets to the Sponsor, in consideration for satisfaction of the covenants and agreements set forth in this Agreement; and

NOW, THEREFORE, in consideration of the foregoing and the mutual representations, warranties, covenants and agreements set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the Parties, intending to be legally bound, hereby agree as follows:

1. Definitions. As used in this Agreement, the following terms have the following meanings.

“**Affiliate**” means a Person that, directly or indirectly, through one or more intermediaries, controls, or is controlled by, or is under common control with, a Person. As used in this definition, the term “controls” or “controlled by” means the possession of the power to direct the management and policies of the Person, whether through ownership of voting securities, by contract or otherwise.

“**Agreement**” has the meaning set forth in the Preamble.

“**AgriPark**” means the 33-acre farm located at 11171 Florida Road, Fishers, Indiana 46040.

“**AgriPark Development(s)**” means any addition, modification, or expansion of the AgriPark, or any portion thereof, that is planned, developed, and/or constructed at, or in association with, the AgriPark after the Effective Date and during the Term.

“**AgriPark Logo**” has the meaning set forth in Section 10(a).

“AgriPark Name” has the meaning set forth in Section 4(a).

“Asset Logo(s)” has the meaning set forth in Section 10(a). The Asset Logos shall also include any future changes to the Asset Logos, in accordance with this Agreement.

“Asset Social Media Accounts” has the meaning set forth in Section 15(b).

“Asset Trademarks” has the meaning set forth in Section 14(a).

“Asset Websites” has the meaning set forth in Section 15(a).

“Assets” means, collectively, the Facility, AgriPark, Nickel Plate Trail, and the Events. Throughout this Agreement, each asset shall be referred to individually as an “Asset” and collectively as the “Assets.”

“Base Term” has the meaning set forth in Section 3.

“Contract Year” means each twelve (12) month period beginning on the Effective Date and each anniversary thereof.

“Direct Competitor” means any Person (other than Sponsor and its Affiliates) that provides or offers products and/or services within the Exclusive Category.

“Effective Date” has the meaning set forth in the Preamble.

“Entitlements” means the entitlements set forth in **Exhibit B**.

“Entity” has the meaning set forth in the Preamble.

“Entity Default” has the meaning set forth in Section 25(c).

“Entity Trademarks” means Entity’s name or other logos or trademarks, as set forth in Section 16(a).

“Events” shall mean Spark! Fishers 5K and the Fishers Farmers Market. Both Spark! Fishers 5K and the Fishers Farmers Market shall be referred to individually as an Event, and collectively as the Events.

“Exclusive Category” means, with respect to the Assets, the healthcare/healthcare system category, which shall mean a facility or network of facilities with an organized medical staff, with permanent facilities that include inpatient beds with medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims, to provide treatment for patients with mental illness, or to provide treatment in special inpatient care facilities. The Exclusive Category shall include independent physician practices, ambulatory surgery centers, physical therapy clinics, and rehabilitation practices, but shall not include independent healthcare facilities engaged in, without limitation, the practice of dentistry

or ophthalmology, chiropractic services, pharmaceutical services, or psychiatric services, and shall not include non-healthcare facilities engaged in the practice of pharmaceutical services.

“Extended Term” has the meaning set forth in Section 3.

“Facility” means the City of Fishers Community Center, an approximately 105,000 square foot community and recreation complex to be constructed by Entity located on Hoosier Road near 121st Street in Fishers, Indiana, the concept plan for which is attached **Exhibit A-1**.

“Facility Developments” means any facility, or any portion thereof, that is planned, developed, and/or constructed at, or in association with, the Facility after the initial construction of the Facility and beyond that which is contemplated in the renderings set forth in **Exhibit A-1**.

“Facility Logo” has the meaning set forth in Section 10(a).

“Facility Name” has the meaning set forth in Section 4(a).

“Farmers Market Name” has the meaning set forth in Section 4(a).

“Fishers Farmers Market” is a farmers market operated by Fishers Parks that runs annually through the summer in Fishers, Indiana. The Fishers Farmers Market operates at the Nickel Plate District Amphitheater (open on Saturdays, May through September).

“Fishers Parks” means the Fishers, Indiana Parks and Recreation Department.

“Force Majeure Event” has the meaning set forth in Section 30.

“Independent Marks” has the meaning set forth in Section 14(c).

“Insolvency Event” means, with respect to Sponsor, the occurrence of any of the following: (a) Sponsor shall commence a voluntary case concerning itself under any Insolvency Law; (b) an involuntary case is commenced against Sponsor and the petition is not controverted within fifteen (15) days, or is not dismissed within sixty (60) days, after commencement of the case; (c) a custodian is appointed for, or takes charge of, all or substantially all of the property of Sponsor or commences any other proceedings under any Insolvency Law relating to Sponsor or there is commenced against Sponsor any such proceeding which remains undismissed for a period of sixty (60) days; (d) any order of relief or other order approving any such case or proceeding is entered; (e) Sponsor is adjudicated insolvent or bankrupt; (f) Sponsor suffers any appointment of any custodian, receiver or the like for it or any substantial part of its property to continue undischarged or unstayed for a period of sixty (60) days; or (g) Sponsor makes a general assignment for the benefit of creditors.

“Insolvency Law” means any bankruptcy, reorganization, arrangement, adjustment of debt, relief of debtors, dissolution, insolvency or liquidation or similar Law of any jurisdiction, whether federal, state or foreign, and whether now existing or hereafter in effect.

“Knowledge” means with respect to (a) Sponsor, that the executive officers and directors of Sponsor, or (b) in the case of Entity, that the Mayor or executive staff (department heads), are

aware or reasonably should have been aware of a particular fact or matter after conducting reasonable due diligence and inquiry.

“Laws” means any federal, state, local, or foreign constitution, treaty, law, statute, ordinance, resolution, rule, code, regulation, order, writ, decree, injunctions, judgment, stay, or restraining order, provisions and conditions of permits, licenses, registrations, and other operating authorizations, and any judgment, opinion, or ruling of, any governmental authority, in each case, whether currently in effect or which may hereinafter be enacted as existing or amended.

“Name(s)” has the meaning set forth in Section 4(a). The Names shall also include any future name changes.

“Nickel Plate Trail” means the portion of the Nickel Plate Trail rail trail located in Fishers, Indiana.

“Official Designation” has the meaning set forth in Section 4(b).

“Old Asset Logos” has the meaning set forth in Section 10(c).

“Party” has the meaning set forth in the Preamble.

“Person” means any natural person, corporation, partnership, limited partnership, limited liability company, estate, trust, joint venture, association, government (and any branch, agency or instrumentality thereof), governmental entity or other form of entity or business organization.

“Presenting Sponsorship Rights” means the right, subject to the prior written mutual agreement between the Parties, to be the presenting sponsor of the Facility, AgriPark, Nickel Plate Trail, and the Fishers Farmers Market.

“Public Statements” has the meaning set forth in Section 35.

“Rights Fee” has the meaning set forth in Section 8.

“Signage” has the meaning set forth in Section 11(a).

“Spark! Fishers 5K” is an annual 5K run/walk that is included as part of the weeklong Spark! Fishers event managed, promoted, organized, and operated by the Entity, that consists of various events and activities including, but not limited to, concerts, a 5K/run walk, a car and art show, and a street festival.

“Sponsor” has the meaning set forth in the Preamble.

“Sponsor ID” means Sponsor’s name or logo.

“Sponsor Default” has the meaning set forth in Section 25(a).

“Sponsor Trademarks” means Sponsor’s name or other logos or trademarks, as set forth in Section 17(a).

“Sponsorship Offer” has the meaning set forth in Section 3(b)(i).

“Style Guide” has the meaning set forth in Section 10(b).

“Subordinate Rights” has the meaning set forth in Section 4(d).

“Term” has the meaning set forth in Section 3.

“Third Party Intellectual Property” has the meaning set forth in Section 18(a).

“Third Party Signs” has the meaning set forth in Section 11(f).

“Trail Development(s)” means any addition, modification, or expansion of the Nickel Plate Trail, or any portion thereof, that is planned, developed, and/or constructed at, or in association with, the Nickel Plate Trail after the Effective Date and during the Term.

“Trail Logo” has the meaning set forth in Section 10(a).

“Trail Name” has the meaning set forth in Section 4(a).

“Transfer” has the meaning set forth in Section 28.

“Uncontrolled Portions” has the meaning set forth in Section 6(a).

2. Presenting Sponsorship Assets.

- a. Entity hereby represents that the Entity will own and operate the Facility, which has not been constructed as of the Effective Date of this Agreement. Nothing herein contained shall obligate Entity to operate the Facility or any of its facilities on any particular day or for any particular number of hours per day. The Entity reserves the right to alter the operating schedule of days and hours of the Facility at any time. Entity agrees to notify Sponsor if a change in operating schedule would reduce the annual operating hours by greater than twenty percent (20%) and will provide Sponsor with additional Assets roughly equivalent in value to the reduction in marketing time caused by the change.
- b. Entity hereby represents that the Entity owns and operates the AgriPark. AgriPark is an urban farm that, as of the Effective Date, consists of approximately 33 acres and is located at 11171 Florida Road, Fishers, Indiana 46040; a map of the AgriPark is included as **Exhibit A-2**. Nothing herein contained shall obligate Entity to operate the AgriPark or any of its facilities on any particular day or for any particular number of hours per day. The Entity reserves the right to alter the operating schedule of days and hours of the AgriPark at any time without notice to Sponsor.
- c. Entity hereby represents that the Entity owns and operates the portion of the Nickel Plate Trail located in Fishers, Indiana. The Nickel Plate Trail is the City’s pedestrian trail that, as of the Effective Date, extends from 146th to 106th Street and

traverses the City's Nickel Plate District; a map of the Fishers' portion of the Nickel Plate Trail is included as **Exhibit A-3**. Nothing herein contained shall obligate Entity to operate the Nickel Plate Trail or any portions thereof on any particular day or for any particular number of hours per day. Entity reserves the right to alter the operating schedule of days and hours of the Nickel Plate Trail at any time without notice to Sponsor. Sponsor understands that the Nickel Plate Trail extends beyond the borders of the City of Fishers, and that Entity only has control of the operations of the Nickel Plate Trail within the borders of Fishers, Indiana; accordingly, the Parties expressly acknowledge and agree that the rights of Sponsor and obligations of Entity provided herein concern only those portions of the Nickel Plate Trail within the City of Fishers' municipal boundaries, as extended pursuant to the Laws.

- d. Entity hereby represents that Entity manages, promotes, organizes, and operates the Events. Nothing herein contained shall obligate Entity to hold the Events on any particular day or for any particular number of hours per day. Entity reserves the right to alter the operating schedule of days and hours of the Events at any time and without notice to Sponsor.

3. Term. The term of this Agreement shall commence on the Effective Date and continue for fifteen (15) Contract Years, unless extended or sooner terminated in accordance with the terms hereof (the "Base Term"). If this Agreement is extended pursuant to Sections 3(a)-(b), the extension period shall be referred to as the "Extended Term." The Base Term and any and all Extended Terms shall together or individually be referred to herein as the "Term".

- a. Extension Option. Notwithstanding the foregoing, the Sponsor shall have the right to extend the Term of this Agreement upon the terms and conditions set forth herein, as further set forth in Section 3(b). In order for the Extended Term to be effective, Sponsor must send timely (as set forth in Section 3(b) below) written notice (in accordance with Section 19) to Entity of its intent to exercise the Extended Term. If Sponsor fails to provide timely (as set forth in Section 3(b) below) written notice of its intent to exercise the Extended Term, the Extended Term shall not be validly exercised.
- b. Extended Term. If Sponsor desires to exercise the Extended Term, Sponsor shall provide written notice to Entity of such desire at any time before the last day of Contract Year 13 (in accordance with Section 19). If Sponsor provides such written notice, Entity shall submit a proposal to Sponsor for consideration no later than April 1 of Contract Year 14, and Entity and Sponsor shall negotiate in good faith toward an extension until August 1 of Contract Year 14. Notwithstanding the foregoing or anything included herein to the contrary, it shall not be deemed a failure to negotiate in good faith if, for example and without limitation, the Parties do not agree to the (i) applicable Rights Fee; (ii) the rights included within the definition of the Presenting Sponsorship Rights; (iii) the length of the Extended Term; and/or (iv) the aggregate amount of the Rights Fee over the proposed Extended Term.

4. Grant of Rights.

a. Grant of Presenting Sponsorship Rights. Entity hereby grants to Sponsor during the Term the exclusive Presenting Sponsorship Rights to the Facility, AgriPark, Nickel Plate Trail, and Fishers Farmers Market, pursuant to the terms and conditions of this Agreement. As of the Effective Date, the official name of the Facility shall be the “Fishers Community Center Strengthened by IU Health” (the “Facility Name”), the official name of the AgriPark shall be the “Fishers AgriPark Strengthened by IU Health” (the “AgriPark Name”), the official name of the Nickel Plate Trail shall be the “Nickel Plate Trail Strengthened by IU Health” (the “Trail Name”), and the official name of the Fishers Farmers Market shall be the “Fishers Farmers Market Strengthened by IU Health” (the “Farmers Market Name”), unless amended or changed in accordance with this Agreement. The Facility Name, AgriPark Name, Trail Name, and Farmers Market Name shall be referred to throughout this Agreement individually as a “Name”, and collectively as the “Names”. The Assets shall be referred to by their respective Names, as applicable, in all marketing and promotional materials (materials including print and electronic publications, print and electronic program guides, brochures, visitor guides, flyers, programs, and the like, on websites, social media, press releases, electronic or static billboards, merchandise, uniforms, badges, letterhead, event credentials and tickets, and similar materials, and other related areas) and Signage; provided, however, the Parties acknowledge and agree that the name of the Spark! Fishers 5K remains unchanged, and Sponsor shall be named a platinum level sponsor. Both Parties agree that the Names should not be abbreviated and to use good faith efforts, contractually or otherwise, to require that third parties (including those third parties that enter into an agreement to rent or use Facility, AgriPark, or portion of the Nickel Plate Trail and those third parties that enter into an agreement related to the Events) include the Names in all advertising or other dissemination of information regarding the relevant Asset; provided, however, the Parties acknowledge and agree that Entity does not control such third parties and shall not be liable for such third-party’s advertising or dissemination of information that does not include or properly include the Name or Names.

b. Official Designation. During the Term of this Agreement, Entity hereby grants Sponsor the license to become the Official Health and Wellness Partner of the Facility, the Fishers Farmer’s Market, Fishers Nickel Plate Trail, Spark! Fishers 5K, and the AgriPark (individually or collectively, the “Official Designation”). Entity agrees that Sponsor shall have the right to use the Official Designation in connection with the marketing and promotion of Sponsor’s products and services and to help and promote the partnership. Notwithstanding the foregoing or anything included herein to the contrary, Sponsor acknowledges and agrees that, with respect to the Fishers Nickel Plate Trail, Entity is entitled to place an Andretti Autosports or related Andretti logo on the bridge to be constructed over the Nickel Plate Trail at 96th Street.

c. Name Change. In no event shall any of the Names be changed or altered by Sponsor without the prior written approval of Entity. If Sponsor undergoes a name change, Entity and Sponsor shall jointly work to mutually determine a new Name.

d. Subordinate Rights. Notwithstanding the grant of Presenting Sponsorship Rights, Entity shall have the unlimited right to offer, grant, sell or otherwise convey, official sponsor, sponsorship rights, advertising, hospitality, or any other rights, benefits, or recognition, in whole or in part, to any subordinate portion of the Assets (the “Subordinate Rights”) to any third party;

provided however, that Entity shall not grant any Subordinate Rights to a Direct Competitor within the Exclusive Category.

e. Limitation of Rights. The Parties hereby understand and agree that the Entitlements and branding rights set forth in this Agreement relevant to the AgriPark and Nickel Plate Trail shall only apply to the AgriPark and Nickel Plate Trail as they currently exist as of the Effective Date, which are set forth in **Exhibits A2-3**; they shall not apply to any AgriPark Developments or Trail Developments. Any and all branding opportunities to AgriPark Developments or Trail Developments shall be negotiated and memorialized in a separate written agreement. In addition, the Parties hereby understand and agree that the Entitlements and branding rights set forth in this Agreement relevant to the Facility shall only apply to the Facility as it is initially constructed and as contemplated in the renderings set forth in **Exhibit A-1**; they shall not apply to Facility Developments. Any and all branding opportunities to Facility Developments shall be negotiated and memorialized in a separate written agreement. Notwithstanding the foregoing, and consistent with Section 5 below, Entity shall not grant to any Direct Competitor within the Exclusive Category any right or license to market or promote any products or services within the Exclusive Category anywhere at or in conjunction with the AgriPark Developments, Trail Developments, and Facility Developments. Sponsor shall have the right of first refusal for new branding opportunities in the AgriPark, Nickel Plate Trail, and Facility Developments.

5. Exclusivity. From the Effective Date through the end of the Term, subject to Section 6 below, and as long as no Sponsor Default exists, Entity hereby agrees that it shall not grant to any Direct Competitor any right or license to market or promote any products or services within the Exclusive Category anywhere at or in conjunction with any of the Assets.

6. Exceptions to Exclusivity. Notwithstanding anything to the contrary herein, any right of exclusivity granted to Sponsor in this Agreement shall be limited based on the following:

- a. Sponsor acknowledges and agrees that Entity cannot control the Facility, AgriPark and Nickel Plate Trail, and components thereof, when unaffiliated third parties like promoters, licensees and other third parties use the Facility, AgriPark, and Nickel Plate Trail, or any of the facilities therein or when the Facility, AgriPark, and Nickel Plate Trail are open to the public (“Uncontrolled Portions”). Therefore, competing brand logos, products, signage, and other promotion or recognition, including those of Direct Competitors, may be promoted and otherwise visible, throughout the Term, in the Uncontrolled Portions and will not constitute a breach of this Agreement.
- b. Entity may, without breaching this Agreement, enter into use agreements for use of the Facility, AgriPark, Nickel Plate Trail, or their facilities therein with entities who may compete, have sponsors that compete, or host events or other functions that have sponsors that compete with Sponsor, including Direct Competitors.

7. Entitlements. Commencing on the Effective Date and throughout the Term of this Agreement, Entity shall provide to Sponsor and Sponsor shall be entitled to the Entitlements set forth in **Exhibit B**. Notwithstanding anything in this Agreement to the contrary, the Parties understand and agree that certain Entitlements related to the City of Fishers Community Center

that are granted to Sponsor in this Agreement, and as set forth in Exhibit B, may, subject to the mutual agreement of the Parties, be utilized by Riley Children's Health.

8. Compensation to Entity. In consideration of the rights, privileges, and benefits granted under this Agreement, Sponsor shall pay to Entity compensation during the Term as set forth in **Exhibit C** ("Rights Fee"). The Rights Fee shall be due and payable in one (1) installment per Contract Year. The Rights Fee for Contract Year 1 shall be due and payable within forty-five (45) days of the Effective Date. In all subsequent Contract Years, the Rights Fee shall be due and payable within forty-five (45) days of the commencement of each Contract Year. In the event this Agreement is extended beyond Contract Year 15 pursuant to Sections 3(a)-(b) above, the Parties shall, prior to commencement of Contract Year 16, memorialize the Rights Fee (which Rights Fee may be the same or different) in a written amendment to this Agreement.

9. Payments.

a. All payments shall be paid by way of check made payable to "City of Fishers, Indiana" and mailed to Entity at its address set forth in Section 19, or such other address as is designated by Entity in writing and in advance.

b. Any payment required to be made by Sponsor that is not paid within ten (10) days from the date such payment becomes due and owing shall bear interest at an annual rate of twelve percent (12%) per annum or, if lower, the maximum allowed by law, from the due date to the date payment is actually made. The right of Entity to receive interest under this Section shall be in addition to all other rights it may have as a result of Sponsor's failure to make payments when due.

10. Asset Logos.

a. Asset Logos. During the Term, Entity and Sponsor shall develop, at Sponsor's sole cost and expense, logos or other similar designs or devices incorporating "IU Health," the Name of the relevant Asset (including the Facility, AgriPark, and Nickel Plate Trail), and such additional appropriate words or designs that relate to or identify Sponsor, Entity, and the relevant Asset (the logos shall be known specifically as the "Facility Logo", "AgriPark Logo", and "Trail Logo", individually as an "Asset Logo", and collectively as, the "Asset Logos"). In all events, the appropriate Asset Logos shall be included in all marketing and promotional materials produced by Sponsor and Entity related to the relevant Asset. In all events, the Asset Logos shall be mutually agreed upon by Entity and Sponsor. In no event shall any of the Asset Logos be changed or altered by Sponsor without the prior written approval of Entity.

b. Use of the Asset Logos & Names. As soon as reasonably practical after the Effective Date, Entity and Sponsor shall develop a style guide that sets forth approved uses of the Asset Trademarks and the Independent Marks ("Style Guide"). Any use of the Asset Trademarks and Independent Marks by either Party shall comply with the Style Guide in all material respects. Any use of the Names, Asset Logos, or Independent Marks by either Party that departs in any material respect from the agreed upon Style Guide shall, in each case, be submitted to the other Party for its prior written approval, in accordance with the approval rights set forth in Sections 16 and 17, respectively.

c. Use of Old Asset Logos & Names. Entity shall have the right to deplete any inventory (e.g., brochures, flyers, letterhead, etc.) of produced materials using the Asset names and logos that were used prior to this Agreement (“Old Asset Logos”), not to exceed one hundred twenty (120) days past the Effective Date. Prior to one hundred twenty (120) days past the Effective Date, Entity shall provide Sponsor with the opportunity to purchase Old Asset Logos inventory, without markup, for destruction. Entity shall order any and all new inventory after the Effective Date with the Names and Asset Logos (as appropriate, depending on the nature of the item).

11. Signage.

a. Asset Signage. In connection with the Entitlements granted to Sponsor hereunder, Sponsor shall be entitled to have certain signage or other forms of exposure of the Names and Asset Logos placed conspicuously in, on and around the Assets, as applicable, as otherwise specified in **Exhibit B** (the “Signage”). The financing plan (to the extent the sole obligation of Sponsor), content, appearance, location, material, quantity, and size for all Signage shall be mutually agreed upon by Sponsor and Entity, and Entity shall endeavor to locate and install such Signage within ninety (90) days’ of the Effective Date (the “Signage Deadline”); provided, however, it shall not be a violation of this Agreement if Entity does not meet the Signage Deadline for all Signage (Entity and Sponsor acknowledging and agreeing that some of the Signage cannot be designed, fabricated and installed by the Signage Deadline). The appearance, location, and size of any and all Signage shall be consistent with local regulations and applicable Laws, including building codes.

b. Production and Installation. Sponsor shall be responsible for paying all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of all Signage, except as set forth in the following sentence, which amounts shall be in addition to, and not a part of, the Rights Fee (as defined in Section 8). Notwithstanding the foregoing, Entity shall be responsible for paying all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of all of the initial Facility Signage budgeted for, and planned, by Entity as of the Effective Date, as set forth in **Exhibit A-1**. The costs and expenses associated with the design, permitting, preparation, delivery, mounting and installation of Facility Signage beyond the initial Facility Signage as set forth in **Exhibit A-1** shall be the responsibility of Sponsor. Sponsor shall hire one or more contractors preapproved in writing by Entity to mount and install the Signage, the costs of which shall be the responsibility of Sponsor, except as it relates to the initial Facility Signage set forth in **Exhibit A-1**. In the event that any currently existing signage is in need of removal and replacement in order to install the Signage, Sponsor shall be solely responsible for the costs and expenses of such removal and replacement, with the exception of the costs and expenses associated with the removal and replacement of currently existing Facility signage, the cost of which shall be borne by Entity. Any and all currently existing signage that is removed pursuant to this Section shall be the sole and exclusive property of Entity and shall be returned to it at the sole cost and expense of Sponsor.

c. Maintenance. Following the design, preparation, production, mounting and installation of the Signage, Entity shall be responsible for paying costs related to the

illumination of any external Signage and paying the costs and expenses associated with the routine maintenance (but not replacement) of all Signage.

d. Removal and Replacement of Signage. As stated in Section 11(b), with the exception of existing Facility signage, Sponsor shall be responsible for all costs and expenses associated with the removal, destruction, discarding, or replacement of any signage existing as of the Effective Date. Additionally, in the event that the Signage is in need of removal, destruction, discarding, and replacement due to a substitution, modification or change of any of the Names or Asset Logos during the Term, Sponsor shall be responsible for all costs and expenses associated with such removal, destruction, discarding, or replacement. Upon the early termination of this Agreement by Sponsor, Sponsor shall be responsible for costs and expenses associated with (i) the removal, destruction, discarding, or replacement of all Signage; and (ii) the reinstallation of the signage that existed prior to the execution of this Agreement. Any and all Signage that is removed pursuant to this Section shall be the sole and exclusive property of Entity and shall be returned to it at the sole cost and expense of Sponsor. Entity shall be responsible for the costs and expenses associated with the removal and replacement of Signage due to normal wear and tear and the decision to remove and replace the Signage due to normal wear and tear shall be reserved solely by Entity.

e. Third Party Signs. Sponsor and Entity shall use reasonable commercial efforts to cause any existing and future roadway or other signs referencing an Asset to identify the relevant Asset by the appropriate Name and Asset Logo; *provided however*, that, for the avoidance of any doubt, the Parties shall not be deemed in breach of this Agreement in the event a third party fails to identify such signage.

f. Third Party Signs as of the Effective Date. Notwithstanding anything herein to the contrary, Entity and Sponsor understand and acknowledge that, prior to the Effective Date, references to the Assets have been physically incorporated in various signs, sidewalks, kiosks, and/or building structures that cannot be modified or changed except at considerable cost and expense (the “Third Party Signs”), and the Parties agree that the failure to modify such signs will not constitute a breach of this Agreement. To the extent Sponsor desires that any Third Party Signs in existence as of the Effective Date be replaced or modified to include the appropriate Name and/or Asset Logo, and the cost to replace and/or modify any such Third Party Sign is not borne by the controlling body that owns or controls such Third Party Sign, then the cost and expense of designing, purchasing, constructing, and installing any replacement or modified Third Party Signs shall be paid for by Sponsor.

12. Subsequent Name Change. If Sponsor or its successor or assignee changes or causes the change of any Name or Asset Logo in accordance with the terms of this Agreement, including receiving Entity’s prior written approval in accordance with this Agreement, Sponsor shall pay, or cause its successor or assignee to pay, all costs and expenses associated therewith, including, without limitation, the cost and expense of: (a) removing, destroying and/or discarding Signage reflecting the prior Name and/or Asset Logo, (b) preparing, producing, replacing, mounting and installing new or altered Signage to reflect the changed Name and/or Asset Logo, (c) removing, destroying or discarding merchandise, equipment and other collateral materials (including, but not limited to, printed, electronic, and video materials, publications, staff uniforms, supplies, and all other equipment or materials regardless of format that need to be changed to effect the renaming

or rebranding of the relevant Asset with the new Name) related to the Asset branding, promotion and publicity displaying the prior Name and/or Asset Logo, and (d) preparing, producing, replacing and distributing merchandise, equipment or other collateral materials (including, but not limited to, printed, electronic, and video materials, publications, staff uniforms, supplies, and all other equipment or materials regardless of format that need to be changed to effect the renaming or rebranding of the relevant Asset with the new Name) related to the Asset branding, promotion and publicity reflecting the changed Name and/or Asset Logo; and (e) attorneys' fees, other professionals' fees, and the cost of obtaining any required consents and approvals associated with such change as well as all other out of pocket costs and expenses relating to Signage, promotions, branding, advertising and marketing.

13. Third Party Marketing and Promotional Materials. Entity and Sponsor agree that each shall use commercially reasonable efforts during the Term to cause the media, advertisers, promoters, sponsors, service providers, parties holding events at the Facility, Nickel Plate Trail, and/or AgriPark, and other third parties to identify the relevant Asset by the appropriate Name and to incorporate the appropriate Name and Asset Logo into all advertising and promotional materials that identify the Asset published or distributed by such party; *provided however*, that any failure of such parties to refer to Asset by the Name and incorporate the Asset Logo shall not be considered a breach of this Agreement or the liability of Entity.

14. Trademarks.

a. Ownership of Asset Trademarks. Entity and Sponsor agree that Sponsor shall own all right, title and interest in the Names, Asset Logos, and/or any stylized form or combination thereof, as may be modified throughout the Term, including the trademarks and copyrights associated therewith ("Asset Trademarks"). Sponsor shall license or acquire from the creator(s) of the Asset Logos "artist's design" sufficient rights, including rights in any copyright, to permit unrestricted use of the trademarks associated with the Asset Trademarks. For the avoidance of doubt, each Party shall retain all right, title, and interest in its respective Independent Marks that are incorporated into the Names and Asset Trademarks. For purposes of clarity, for (i) Entity, this includes, but is not limited to, the Old Asset Logos, the names of the Assets prior to the Effective Date of this Agreement, and the Entity Trademarks; and (ii) Sponsor, this includes, but is not limited to, Sponsor Trademarks.

b. License to Use Asset Trademarks. During the Term, Sponsor hereby grants to Entity and its officers, employees and contractors an unlimited, nonexclusive, irrevocable, royalty-free license (with right to sublicense to the extent permitted by this Agreement) to use the Asset Trademarks, as hereafter changed, amended, or created hereunder so long as such use is in accordance with the Style Guide and the approvals set forth in this Agreement.

c. Independent Trademarks. Except as to the Asset Trademarks or as expressly provided in this Agreement, Entity and Sponsor shall retain all ownership, right and title in their respective trademarks, service marks, trade names, insignia, symbols, logos, decorative designs or the like ("Independent Marks"), and neither Party shall use any Independent Mark that is owned by, or licensed or sublicensed to, the other Party without the other Party's prior written consent, subject to the Style Guide and the approval process set forth in Sections 16 and

17 of this Agreement. Each Party agrees that any use of the other Party's Independent Marks under this Agreement will inure to the benefit of and be on behalf of the owning Party and will terminate upon the expiration or prior termination of this Agreement. Except as expressly provided herein, the Parties will not have any rights or interests in the other Party's Independent Marks.

d. Unauthorized Use of Independent Trademarks. Notwithstanding anything herein to the contrary, the use of the Independent Marks shall be subject to the approval of the owning Party, in its sole discretion. If Entity or Sponsor becomes aware of any unauthorized use of the Independent Marks, then such Party shall promptly notify the other Party of such unauthorized use of the Independent Marks of which the notifying Party has actual knowledge. Both Entity and Sponsor shall use commercially reasonable efforts to prevent and/or correct any unauthorized use of the Independent Marks.

15. Asset Websites and Social Media.

a. Asset Websites. Entity shall (and shall cause any third party, if applicable) change the content on the websites for the Assets, as applicable, to reflect Sponsor and the appropriate Name and/or Asset Logo (the "Asset Websites"). Entity shall manage, during the Term, the day-to-day operation of the Asset Websites (subject to mutual agreement on reasonable style guidelines) and ensure maintenance of web site uptime. Entity's obligations related to Asset Websites shall apply to all Asset Websites existing as of the Effective Date and created over the course of the Term.

b. Asset Social Media Accounts. Entity shall (and shall cause any third party, if applicable) change the social media accounts for the Assets, (including, but not limited to, accounts with Facebook, Instagram, Twitter AKA "X", LinkedIn, Snapchat, and TikTok), as applicable, to reflect Sponsor and the appropriate Name (the "Asset Social Media Accounts"). Entity shall manage, during the Term, the day-to-day operation of the Asset Social Media Accounts. The Agreement shall include all social media accounts existing as of the Effective Date and created over the course of the Term. For purposes of clarity, this Section 15(b) shall not be interpreted to require Entity to change the handle for such social media accounts; rather, Entity shall ensure that the social media accounts correctly reflect the Name of the Assets.

16. Entity Approval Rights.

a. Sponsor acknowledges and agrees that Entity has an interest in maintaining and protecting the image and reputation of the Assets and Entity, and that in order to accomplish this purpose, Sponsor must in all cases assure itself that the (i) Names, (ii) the Asset Logos, and (iii) the Entity's name or other logos or trademarks ("Entity Trademarks") are at all times used in a manner consistent with the Style Guide. Sponsor agrees that Entity shall have the right to examine and to approve or disapprove in advance of use the contents, appearance and presentation of any and all advertising, promotional or other similar materials proposed to be used by Sponsor that incorporate the Names or Asset Logos, Entity Trademarks, or that make reference in any way to Entity and that depart in any material respect from the Style Guide. Sponsor shall not produce, publish or in any manner use or distribute any such advertising, promotional or other materials that have not been submitted to and approved in writing in advance by Entity.

b. Sponsor shall submit to Entity, at the address set forth in Section 19, for Entity's examination and approval or disapproval, at least fourteen (14) days in advance of any use, a sample of the proposed advertising, promotional or other similar materials that incorporate the Names or Asset Logos, Entity Trademarks, or that refer to Entity together with the script, text, coloring, storyboards and a copy of any photograph proposed to be used. Entity shall promptly examine and either approve or disapprove such submissions and shall promptly notify Sponsor in writing of its approval or disapproval. If Entity disapproves any such submission, Entity shall advise Sponsor of the specific reasons for disapproval in each case. Entity's approval must be given explicitly in writing; provided, however, failure to respond within thirty (30) days' receipt of a submission described in this Section 16(b) shall constitute approval for purposes of this Agreement.

17. Sponsor Approval Rights.

a. Entity acknowledges and agrees that Sponsor has an interest in maintaining and protecting the image and reputation of the Assets and Sponsor, and that in order to accomplish this purpose, Entity must in all cases assure itself that the (i) Names, (ii) the Asset Logos, and (iii) Sponsor name, logo and trademarks ("Sponsor Trademarks") are all times used in a manner consistent with the Style Guide. Entity agrees that Sponsor shall have the right to examine and to approve or disapprove in writing and in advance of use of the contents, appearance and presentation of any and all materials proposed to be used by Entity that use or incorporate the Names or Asset Logos, Sponsor Trademarks, or that make reference in any way to Sponsor and that depart in any material respect from the Style Guide. Entity therefore agrees that it will not produce, publish or in any manner use or distribute any such materials that have not approved in writing in advance by Sponsor.

b. Entity shall submit to Sponsor, at the address set forth in Section 19, for Sponsor's examination and approval or disapproval, at least fourteen (14) days in advance of any use, a sample of the proposed advertising, promotional or other similar materials that incorporate the Names or Asset Logos, Sponsor Trademarks, or that refer to Sponsor, together with the script, text, coloring, storyboards and a copy of any photograph proposed to be used. Sponsor shall promptly examine and either approve or disapprove such submissions, and Sponsor shall promptly notify Entity in writing of its approval or disapproval. If Sponsor disapproves any such submission, Sponsor shall advise Entity of the specific reasons for disapproval in each case. Sponsor's approval must be given explicitly in writing; provided, however, failure to respond within thirty (30) days' receipt of a submission described in this Section 17(b) shall constitute approval for purposes of this Agreement.

18. Third Party Intellectual Property Rights.

a. Sponsor acknowledges and agrees that no rights have been granted to Sponsor to use the names, logos, copyrights, designs, trademarks, or other identifications (other than the Names or Asset Logos) used at or in conjunction with any Asset by any third party that may be granted Subordinate Rights in relation to an Asset or that may schedule or conduct any event at the Facility, Nickel Plate Trail, or AgriPark ("Third Party Intellectual Property"). Sponsor shall not use any such Third Party Intellectual Property unless and until Sponsor shall have obtained, at its sole expense, from the owner of such proprietary rights

whatever approval, license, waiver or release may be required to permit Sponsor to use such Third Party Intellectual Property.

b. Indemnification. Sponsor shall protect, indemnify, defend and save harmless Entity, its authorized agents, officers, board members, and representatives from and against any and all expenses, damages, claims, suits, actions, judgments and costs whatsoever, including reasonable attorneys' fees, arising out of, or in any way connected with, any claim or action relating to the contents of any materials produced or distributed by Sponsor in accordance with this Agreement, or alleging infringement by Sponsor of the Third Party Intellectual Property.

19. Submissions and Notices. Any notices required or permitted hereunder shall be considered as duly made if delivered by personal delivery in writing or by certified mail, postage-prepaid, return receipt requested to the Party for which it is intended. Notice delivered personally shall be deemed received upon actual receipt; notice sent by certified mail shall be deemed received on the date the return receipt is either signed or refused. Mailed notices shall be addressed to the Parties at the following address:

To Entity

Mayor Scott Fadness
1 Municipal Drive
Fishers, Indiana 46038

With a Copy to:

City Attorney
1 Municipal Drive
Fishers, Indiana 46038

To Sponsor

With a Copy to:

20. Insurance. Sponsor agrees to maintain, on a primary basis and at its sole expense, at all times during the Term, the following coverages and limits. The requirements contained herein, as well as Entity's review or acceptance of insurance maintained by Sponsor is not intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by Sponsor under this Agreement.

Commercial General Liability

Limits of Liability: \$2,000,000 General Aggregate

\$1,000,000 Bodily Injury / Prop. Damage

\$1,000,000 Personal / Advertising Injury
\$1,000,000 Each Occurrence

Comprehensive Auto Liability

Policy Limit: \$500,000

Worker's Compensation & Disability
Statutory Limits

21. Indemnity. Sponsor shall indemnify and hold and save harmless Entity, its officers and its employees, against any loss, damages, liability, claim, action, judgment, settlement, interest, award, penalty, fine, cost, or expenses of whatever kind, including reasonably attorneys' fees arising out of or related to (i) the Sponsor's breach of this Agreement, (ii) Sponsor's negligent or willful misconduct related to Sponsor's rights or responsibilities set forth in this Agreement, (iii) any unfair competition, false advertising, products liability, intellectual property or other claim of any nature resulting from or related to the authorized use, adoption, display of any of Sponsor Trademarks, logos or other materials provided by Sponsor for use by Entity, (iv) Sponsor's unauthorized use of Entity Trademarks, (v) Sponsor's use of the Names and Asset Logos, and (vi) any claim arising from Sponsor's promotion or advertisements.

22. Limitation of Liability. Other than as set forth in Sections 18(b), 21, and 36, under no circumstances shall Entity or Sponsor be liable to the other Party or any other Person for special, incidental, consequential or indirect damages, loss of good will or business profits, or exemplary or punitive damages.

23. Reservation of Rights. All rights not herein specifically granted to Sponsor by Entity shall be and remain the property of Entity to be used in any manner as it may deem appropriate.

24. Representations and Warranties.

a. Representations and Warranties of Sponsor. Sponsor represents and warrants to Entity that: it is a corporation in good standing under the laws of the state of Indiana and is duly authorized to transact business in the state of Indiana; it has the full corporate power and legal authority to enter into and perform this Agreement in accordance with its terms; all necessary corporate approvals for the execution, delivery, and performance by Sponsor of this Agreement have been obtained, and no consent or approval of any other Person is required for execution of and performance by Sponsor of this Agreement; this Agreement has been duly executed and delivered by Sponsor and constitutes a legal, valid and binding obligation of Sponsor enforceable in accordance with its terms; the execution, delivery and performance of this Agreement by Sponsor will not conflict with its articles of incorporation, by-laws or other charter and governing documents and will not conflict with or result in the breach or termination of, or constitute a default under, any lease, agreement, commitment or other instrument, or any order, judgment or decree, to which Sponsor is a party or by which Sponsor is bound; it owns sufficient right, title and interest in and to the Sponsor Trademarks and to grant to Entity the right and license to use the Sponsor Trademarks as contemplated by this Agreement; and there is no litigation

pending or, to the Knowledge of Sponsor threatened against Sponsor which would prevent or hinder the consummation of the transactions contemplated by this Agreement or its obligations hereunder.

b. Representations and Warranties of Entity. Entity represents and warrants to Sponsor that: it has the full power and legal authority to enter into and perform this Agreement in accordance with its terms; the execution and delivery of this Agreement on behalf of Entity has been duly authorized, all necessary approvals for the execution, delivery, and performance by Entity of this Agreement have been obtained; this Agreement has been duly executed and delivered by Entity and constitutes a legal and binding obligation of Entity enforceable in accordance with its terms; all votes, approvals and proceedings required to be taken by or on behalf of Entity to authorize Entity to execute and deliver this Agreement and to perform its covenants, obligations and agreements hereunder have been duly taken; it owns sufficient right, title and interest in and to the Entity Trademarks and to grant to the Sponsor the right and license to use the Entity Trademarks as contemplated by this Agreement; and Entity is authorized to enter into this Agreement and to grant to Sponsor all of the rights, benefits, privileges and Entitlements contemplated to be granted to Sponsor hereunder.

25. Termination and Effect.

a. Default Event by Sponsor. The occurrence of any one more of the following events or actions will constitute a default of this Agreement by the Sponsor (“Sponsor Default”):

- i. Failure to Make Payment. Sponsor fails to pay the Rights Fee, or any other amount required under this Agreement when due, if such failure continues for a period of fifteen (15) days after Entity gives Sponsor written notice of such failure;
- ii. Other Material Breach. Sponsor breaches any other material term or condition, covenant, agreement, representation or warranty made under this Agreement and (A) such breach is not cured by Sponsor within forty-five (45) days following receipt of written notice specifying the nature of such breach, or (B) if such breach cannot be cured within the forty-five (45) day period, Sponsor fails to (i) submit a cure plan reasonably acceptable to Entity and engage in best efforts to remedy such breach within such forty-five (45) day period and (ii) cure the breach within ninety (90) days following receipt of written notice specifying the nature of such breach;
- iii. Corporate Cessation. Cessation of Sponsor to conduct business, or if Sponsor is subject to any attachment, execution or other judicial seizure or sale of any substantial portion of its assets, which is not discharged or revoked within ten (10) days thereof;
- iv. Insolvency. an Insolvency Event occurs with respect to Sponsor;
- v. Wrongful Assignment. Sponsor’s assignment of this Agreement in violation of Section 28;

- vi. Morals. Sponsor (inclusive of its C-Suite employees, officers, directors) (i) commits an offense, or becomes involved in any business or industry, involving moral turpitude under any Laws (ii) does or commits any act or thing, or becomes involved in any business or industry, that, in the reasonable and good faith opinion of the Entity, is immoral, deceptive, scandalous or obscene or will tend to degrade, disparage, or impair the name, reputation, image, goodwill, proprietary rights, or integrity of Sponsor (or by reference or implication, Entity or any Asset); (iii) does, or refrains from doing anything that would prejudice or negatively affect the reputations of Entity, any Asset, or Entity's employees, officers, directors, Affiliates, subsidiaries, or parents; or (iv) becomes involved in any business or industry that prohibits Entity from having a sponsorship relationship under any applicable Laws.

b. Termination Rights and Remedies of Entity. In the event of a Sponsor Default, Entity shall have the right to exercise any one or more of the following remedies:

- i. immediately terminate this Agreement upon written notice to the Sponsor;
- ii. to retain any and all amounts, including, but not limited to, the Rights Fee, that have already been paid as of the date of termination;
- iii. Because the nature of entering into and granting the rights and benefits under this Agreement involves a complex and time-consuming legal and corporate process and, in the event of a Sponsor Default resulting in the early termination of this Agreement, the Entity will incur considerable cost and expense in effectuating a change of the Names and Asset Logos and soliciting and entering into a subsequent presenting sponsorship agreement with a third party; Entity shall have the right to receive from Sponsor liquidated damages equal to the amount of the Rights Fee for one (1) subsequent Contract Year following the date of termination;
- iv. Remove and destroy all Signage or materials displaying or containing Sponsor Marks at the sole cost and expense of Sponsor, as set forth in Section 11(d);
- v. To enforce any other rights provided for herein with respect to such Sponsor Default;
- vi. To seek to recover all damages and other sums available at law or in equity to which it is entitled with respect to such Sponsor Default; and
- vii. To exercise any other right or remedy at law or in equity with respect to such Sponsor Default

c. Default Event by Entity. The occurrence of any one more of the following events or actions will constitute a default of this Agreement by Entity ("Entity Default"):

- i. Material Breach. Entity breaches any material term or condition, covenant, agreement, representation or warranty made under this Agreement and (A) such breach is not cured by Entity within forty-five (45) days following receipt of written notice specifying the nature of such breach, or (B) if such breach cannot be cured within the forty-five (45) day period, Entity fails to (i) submit a cure plan reasonably acceptable to Sponsor and engage in best efforts to remedy such breach within such forty-five (45) day period and (ii) cure the breach within ninety (90) days following receipt of written notice specifying the nature of such breach;
- ii. Morals. Entity (inclusive of its Department Heads and elected officials and members of its boards and commissions) (i) commits an offense, or becomes involved in any business or industry, involving moral turpitude under any Laws (ii) does or commits any act or thing, or becomes involved in any business or industry, that, in the reasonable and good faith opinion of Sponsor, is immoral, deceptive, scandalous or obscene or will tend to degrade, disparage, or impair the name, reputation, image, goodwill, proprietary rights, or integrity of the Entity (or by reference or implication, Sponsor); (iii) does, or refrains from doing anything that would prejudice or negatively affect the reputations of Sponsor or Sponsor's employees, officers, directors, Affiliates, subsidiaries, or parents; or (iv) becomes involved in any business or industry that prohibits Sponsor from having a sponsorship relationship under any applicable Laws.

d. Termination Rights and Remedies of Sponsor. In the event of an Entity Default, Sponsor shall have the right to exercise any one or more of the following remedies:

- i. Immediately terminate this Agreement upon written notice to the Entity;
- ii. To enforce any other rights provided for herein with respect to such Entity Default;
- iii. Seek to recover all damages and other sums available at law or in equity to which it is entitled with respect to such Entity Default; and
- iv. Exercise any other right or remedy at law or inequity with respect to such Entity Default

e. Failure to Terminate. Failure to terminate this Agreement pursuant to this Section shall not constitute a waiver of any remedies the non-defaulting Party would have been entitled to demand in the absence of this Section, whether by way of damages, termination or otherwise.

f. Announcement upon Termination. In the event of any termination of this Agreement, Entity shall have the right to announce in press releases and otherwise that this Agreement is terminated and the reasons for the termination subject to

Sponsor's right to examine and to approve or disapprove in writing and in advance, which approval shall not be unreasonably withheld, delayed or conditioned.

26. Waiver. The failure of either Party at any time to demand strict performance by the other Party of any of the terms, covenants or conditions set forth herein shall not be construed as a continuing waiver or relinquishment thereof and each Party may at any time demand strict and complete performance by the other Party of such terms, covenants and conditions.

27. Rights after Expiration or Termination.

a. Upon the expiration or termination of this Agreement, unless stated otherwise in this Agreement, the rights and obligations of the Parties under this Agreement shall cease immediately, including but not limited to, all of the rights of Sponsor to the use of the Names, Official Designation, Entity Trademarks, and Asset Trademarks. Sponsor shall not thereafter make any use whatsoever of the Names, Official Designation, Asset Trademarks, or Entity Trademarks or make any other reference in advertising to any of the Assets or Entity. Notwithstanding the foregoing, however, the Parties may continue to distribute any existing printed materials if such materials were produced and printed only in reasonable anticipation of the requirements of the respective Parties for the Term, however the materials shall not be distributed for longer than thirty (30) days after the expiration or termination of the Term.

b. For the avoidance of doubt, each Party shall retain all right, title, and interest in, and shall have the right to continued use after termination or expiration of this Agreement to, its respective Independent Marks, including, but not limited to, those that are incorporated into the Names and Asset Trademarks. For purposes of clarity, for (i) Entity, this includes, but is not limited to, the Old Asset Logos and Entity Trademarks; and (ii) Sponsor, this includes, but is not limited to, Sponsor Trademarks.

28. Assignment.

a. This Agreement and all rights and Entitlements granted under this Agreement by Entity are personal to Sponsor and shall not be sold, assigned, sublicensed, pledged, encumbered or otherwise transferred (each, a "Transfer"), directly or indirectly, to any Person (including, without limitation, to any Affiliate of Sponsor) without the prior written consent of Entity. Notwithstanding the foregoing, as is contemplated in Section 7 above, certain Entitlements granted to Sponsor under this Agreement may, subject to the mutual agreement of the Parties, be utilized by Riley Children's Health. Entity consents to Sponsor's Transfer of certain Entitlements to Riley Children's Health, so long as such transferred Entitlements are mutually agreed upon by the Parties. In the event Entity provides prior written consent of a Sponsor Transfer, then, as a condition of Transfer, the transferee shall assume in writing for the benefit of Entity all obligations in respect of the rights assigned or transferred to such acquirer or successor under this Agreement pursuant to an instrument reasonably satisfactory to Entity. Sponsor shall not Transfer this Agreement to an Affiliate of Sponsor, unless, in addition to Entity's prior written consent, Sponsor shall remain responsible for all obligations of Sponsor under this Agreement, and such Transfer shall not relieve Sponsor of any of its obligations under this Agreement. Any attempted Transfer of this Agreement or any of the rights or Entitlements granted under this Agreement, or

of a controlling interest in Sponsor, is in violation of this Section shall be void and shall entitle Entity to terminate this Agreement upon written notice of termination.

b. Entity shall have the right to Transfer this Agreement without the consent of Sponsor. In any such event, however, Entity shall provide Sponsor with written notice no later than thirty (30) days before any such Transfer.

c. Any change to the Names as the result of this Section, shall be governed by Sections 4 and 12.

29. Parties Bound and Benefited. This Agreement shall bind and benefit the Parties hereto and, as applicable, their respective owners, members, directors, officers, representatives, successors, and assigns.

30. Force Majeure. If either Party is delayed, prevented, prohibited, or materially impaired from performing any of its obligations under this Agreement (other than a payment obligation hereunder) as a result of a force majeure event, including, but not limited to, (a) war (including civil war or revolution), invasion, armed conflict, violent act of a foreign enemy, military or armed blockade, or military or armed takeover; (b) riot, insurrection, civil commotion, civil disturbance, or act of terror or sabotage; (c) nuclear explosion or meltdown, or radioactive, chemical or biological contamination; (d) fire, explosion or other serious casualty; (e) severe weather or other natural disasters (including, but not limited to, hurricane force winds, tornadoes, floods, earthquakes, tsunamis, named windstorms, or snow or ice storms); (f) events resulting in the declaration of a state of emergency; (g) governmental restrictions; (h) pandemics, epidemics, public health crisis or emergency; (i) strike, lock-out, or labor dispute; (j) acts of God; or (k) other cause beyond the parties' reasonable control ("Force Majeure Event"), then such Party's failure to perform such obligation shall not constitute a breach of this Agreement and such Party shall be excused from performance of such obligation for a period of time equal to the period during which the Force Majeure Event delays, prevents, prohibits, or materially impairs such performance so long as such Party gives the other Party prompt written notice of the cause of the delay. In such event, the Parties will make reasonable efforts to determine sufficient "make good" rights which shall constitute a substitute for the obligations that the restricted Party was delayed, prevented, prohibited, or materially impaired from providing to the other Party as the result of a Force Majeure Event.

31. Significance of Headings. Section headings and numbering contained herein are solely for the purpose of aiding in speedy location of subject matter and are not in any sense to be given weight in the construction of this Agreement. Accordingly, in case of any question with respect to the construction of this Agreement, it is to be construed as though such Section headings had been omitted.

32. Contract Interpretation and Construction. Each Party recognizes that this is a legally binding contract and acknowledges and agrees that they have had the opportunity to consult with legal counsel of their choice. In the event an ambiguity or question of intent or interpretation arises, this Agreement shall be construed as though drafted by both Parties, and no presumption or burden of proof shall arise favoring or disfavoring one Party by virtue of the authorship of any of the provisions of this Agreement.

33. No Joint Venture. This Agreement does not constitute and shall not be construed as constituting a partnership, joint venture or landlord/tenant relationship between Entity or Sponsor. No Party shall have any right to obligate or bind any other Party in any manner whatsoever, and nothing herein contained shall give, or is intended to give, any rights of any kind to any third persons. This Agreement does not and will not be construed to entitle either Party or any of their respective employees to any benefit, privilege, or other amenities of employment by the other.

34. Governing Law and Jurisdiction. This Agreement shall be governed by and interpreted in accordance with the laws of the state of Indiana, without giving effect to the principles of conflict of laws. Any dispute regarding this Agreement shall only be brought in a state or federal court of competent jurisdiction in the state of Indiana. Each Party hereby irrevocably submits to the exclusive jurisdiction of any such court for purposes of any action arising out of this Agreement. Sponsor agrees not to challenge this Section, and not to attempt to remove any legal action outside of Indiana for any reason.

35. Public Statements. Neither Entity nor Sponsor shall directly or indirectly make or encourage the making of any defamatory or disparaging statements about the other, or any statements that could reasonably be expected to impact negatively on the name, business or reputation of either Party. The Parties agree to consult and cooperate with each other with respect to the timing, content, and form of any media statements, press releases or other public disclosures (the “Public Statements”) made by either Party related to performance under this Agreement. Each Party further agrees that any such Public Statement will be made in furtherance of the good faith performance of this Agreement and the contractual relationship of the Parties.

36. Confidentiality. Sponsor certifies and agrees that all information communicated to it by Entity and its agents, whether before or after the Effective Date, has been and will continue to be treated as confidential, has been and will continue to be used only for purposes of this Agreement, and has not been and will not be disclosed by Sponsor without the prior written consent of Entity, except as may be necessary by reason of legal, accounting or regulatory requirements beyond the control of Sponsor.

37. Public Records. All Parties hereto acknowledge that Entity is a political entity in the State of Indiana and as such is subject to the Indiana Access to Public Records Act and other Laws related to the keeping and access to public records.

38. Subservience. Notwithstanding anything to the contrary contained in this Agreement, this Agreement (as clarification, including, without limitation, all rights, benefits and any exclusivities) is subject in all respects to all applicable Laws, including, but not limited to, the Indiana Code and Fishers Municipal Code and all present and future contracts entered into by, all other entities, governing bodies or organizations having jurisdiction over the rights and benefits granted to Sponsor herein.

39. No Third Party Beneficiaries. This Agreement shall not confer any rights or remedies upon any Person other than the Parties hereto and their respective successors and permitted assigns.

40. Severability. If any provision of this Agreement is held to be illegal, invalid, or unenforceable under any present or future Law: (a) the Parties shall substitute for the affected

provision a legal, valid, and enforceable provision which approximates the intent and economic effect of the affected provision as nearly as possible; (b) such provision shall be fully severable; (c) if the Parties cannot substitute a replacement provision as described in (a) above, this Agreement shall be construed and enforced as if such illegal, invalid or unenforceable provision had never comprised a part hereof; and (d) the remaining provisions of this Agreement shall remain in full force and effect and shall not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement.

41. Entire Agreement; Amendment. This Agreement, including all exhibits hereto, constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements and understandings. All representations and negotiations relative to the matters contemplated by this Agreement are merged herein, and there are no contemporaneous understandings or agreements relating to the matters set forth herein other than those incorporated herein. Additionally, this Agreement may not be amended, changed, or modified except by a writing signed by both Parties, or their respective successors or assigns.

42. Survival. The provisions of this Agreement, which by their nature should apply beyond their terms, will remain in force after any termination or expiration of this Agreement including, but not limited to, Sections 18(b) and 21. In addition, any payment obligation of either Party that (a) accrues or arises prior to or at the time of expiration or earlier termination of this Agreement and (b) that is contemplated under the terms of this Agreement to be paid after such expiration or earlier termination shall survive such expiration or earlier termination until paid.

43. Counterparts and Facsimile/Electronic Execution. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of which, taken together, shall constitute one and the same instrument. The execution of counterparts shall not be deemed to constitute delivery of this Agreement by any Party until each of the Parties has executed and delivered its respective counterpart. Delivery of an executed counterpart of a signature page of this Agreement (and each amendment, modification and waiver in respect of it) by facsimile or other electronic transmission, including email, shall be as effective as delivery of a manually executed original counterpart of each such instrument.

44. Annual Review. The Parties agree that once per Contract Year, representatives of each Party shall meet to assess the partnership and discuss any outstanding issues as it relates to the Parties' performance under this Agreement. The Parties agree to work in good faith to resolve any issues that may be discussed at the annual review meeting. The Parties will also discuss any new opportunities that may be incorporated into the partnership.

45. Exhibits. Although the exhibits attached hereto are incorporated herein as if fully set forth, to the extent any exhibits conflict with the body of this Agreement, the body of this Agreement shall control.

[Signatures Page Follows]

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed by their duly authorized officers and/or officials and agree to be bound by its terms.

ENTITY

SPONSOR

By: _____

By: _____

Name: _____

Name: _____

Title: _____

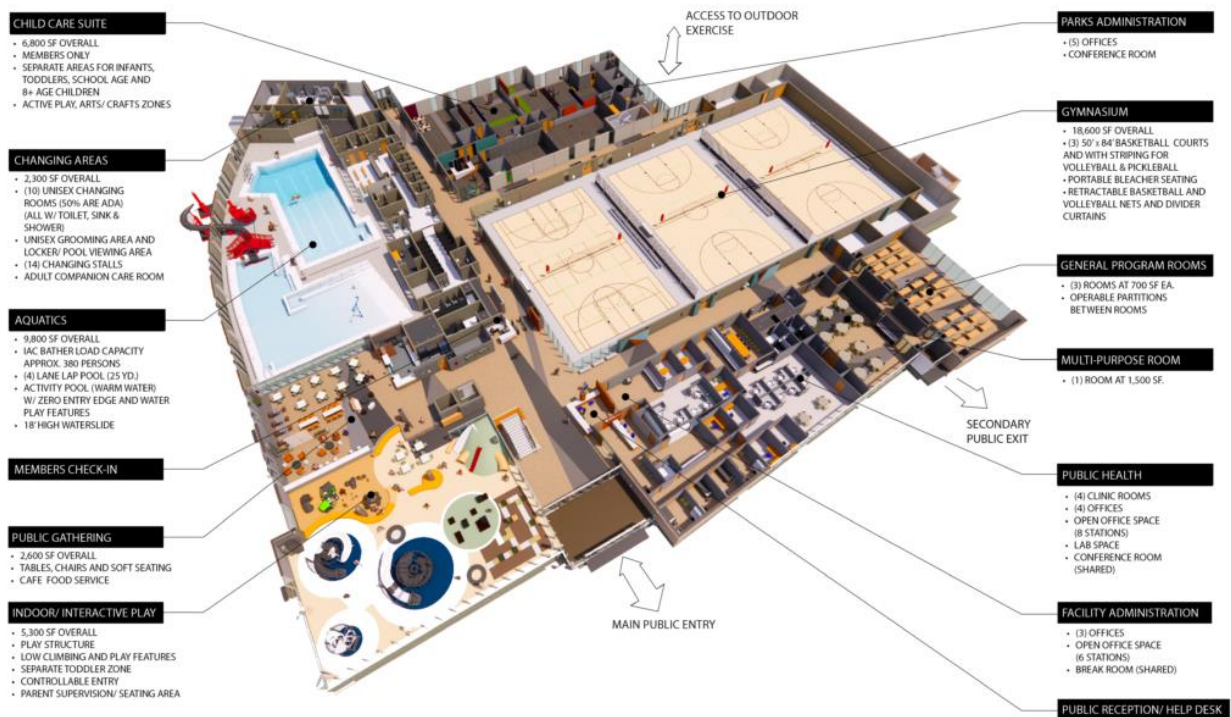
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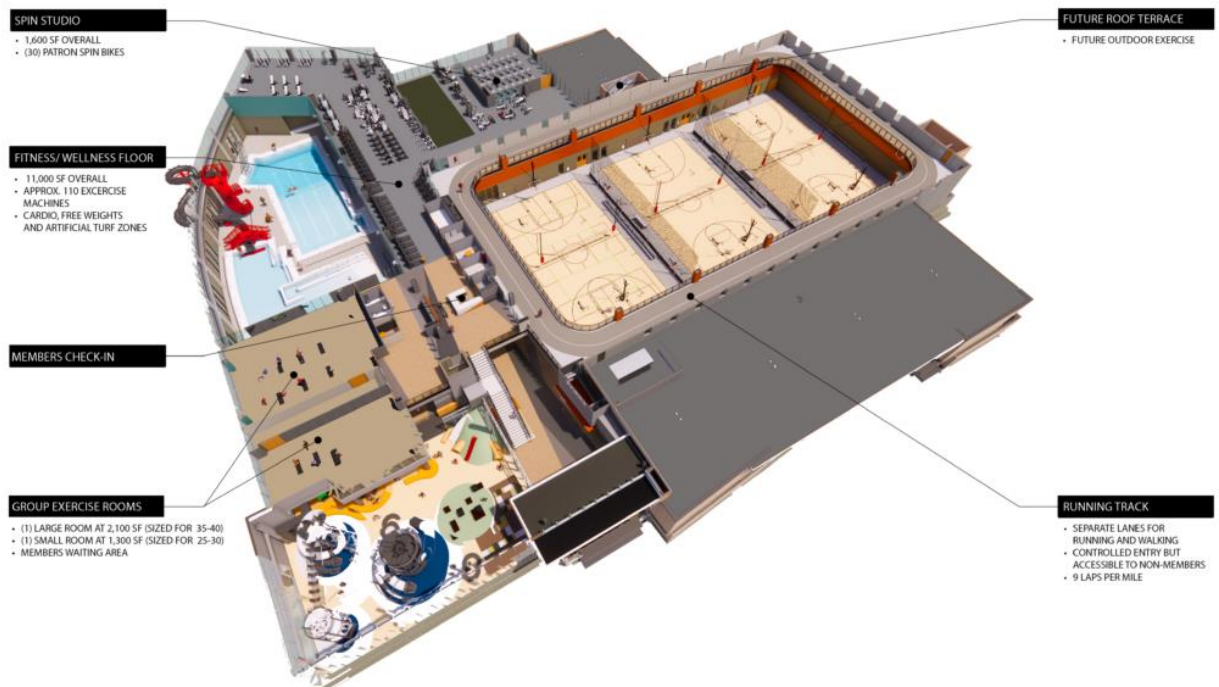
Date: _____

Date: ____

Exhibit A-1

Facility Renderings







Initial Facility Signage

Entity shall be responsible for paying all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of the following initial Facility Signage:

- Monumental sign, located at entry to Facility campus, with size of signage and design to be as determined by the Parties - approximately 4' high and 20' long with dimensional lettering and lighting. "Fishers Community Center" letters will be approximately 28" high, stacked; "Strengthened by IU Health" letters will be approximately 12.25" high, stacked;
- Signage on the front masonry face of the Facility, with size of signage and design to be as determined by the Parties - with dimensional lettering and ground lighting. "Fishers Community Center" letters will be approximately 52" high, stacked; "Strengthened by IU Health" letters will be approximately 14.25" high, stacked;
- Any initial Signage placed by Entity referring to the Facility; all initial Signage placed by Entity shall bear the Facility Name, Facility Logo, and/or Sponsor ID, as determined by the Parties.
- Grand lobby signage on bulkhead over reception desk, with size of signage and design to be as determined by the Parties with dimensional lettering preferred. "Fishers Community Center" letters approximately 52" high, stacked; and "Strengthened by-IU Health trident logo at TBD proportionate size
- Signage on the west wall of the member entry on the second floor. Size of the signage and design to be as determined by the Parties with "Fishers Community Center" letters approximately 19" high, stacked; "Strengthened by" approximately 3.5" high and IU trident logo approximately 10.5" high.
- Signage on wall south of entry to pools, above drinking fountains. Size of signage and design to be as determined by the Parties. "Fishers Community Center" letters approximately 32" high, stacked. "Strengthened by" letters approximately 5.25" high, and IU trident logo approximately 17" tall.
- Signage on main lobby glass wall looking into playground; signage to be low eye level, vinyl wall graphic, reading "Where Will Your Wagon Take You Today?"; with size of signage and design as determined by the Parties.
- Signage on second floor group exercise hard surface wall directly above the playground; signage to consist of Riley Children's Health wagon/IU trident lockup logo; signage to be a vinyl wall graphic with size of signage and design to be determined by the Parties. Parties agree to use reasonable efforts to have signage visible through glass in lobby and building exterior.
- Signage located on half wall inside of the playground; signage to be vinyl wall graphic; signage to consist of various, small, red wagon decals placed in locations and at a frequency as determined by the Parties.
- Signage located on walking track wall; signage to be a vinyl wall graphic, reading "Fishers Community Center Strengthened by" with IU trident logo; size of signage and design to be as determined by the Parties.

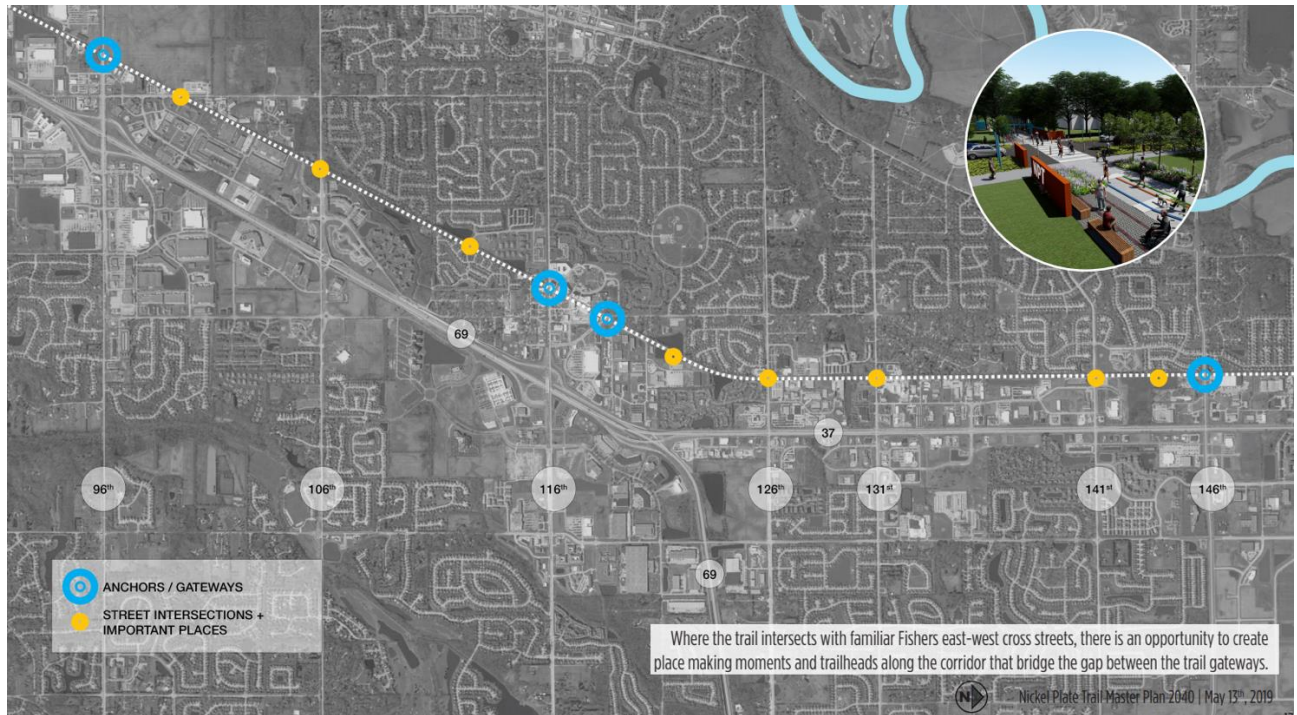
Exhibit A-2
AgriPark Map



- Existing monument and directional signage for the AgriPark to be updated with the Strengthened by IU Health + trident language in a material appropriate for the sign type

Exhibit A-3

Nickel Plate Trail Map



- Existing anchor/gateway and street intersection signage for the Nickel Plate Trail to be updated with the Strengthened by IU Health + trident language in a material appropriate for the sign type

Exhibit B

Entitlements

Category Exclusivity

- Exclusivity across all Assets, subject to the terms of this Agreement, in the healthcare system category.

Official Designation

- Designation as the “Official Health and Wellness Partner” of the Facility, Fishers Farmer’s Market, Fishers Nickel Plate Trail, Spark! Fishers 5K, and the AgriPark.

Launch Campaign

- Entity will organize a presenting sponsorship public relations and marketing campaign regarding the partnership between the Parties.
 - Contents of marketing materials and events (including, for example, press releases, ribbon cutting events, announcements, and the like) to be mutually agreed upon by the Parties.
 - As it pertains to the launch campaign, Sponsor will review and approve all marketing and press release materials within five (5) business days of receipt from Entity, with approval not to be unreasonably withheld.
 - A Sponsor representative shall be included in all public-facing campaign pieces (including, for example, quotes in press releases, and involvement in ribbon cutting)
 - Partnership between the Parties to be referred to as a “Health and Wellness Partnership” in launch campaign marketing materials, when possible.

Facility Presenting Sponsorship Rights

- Exclusive presenting sponsor of the Facility, the “Fishers Community Center Strengthened by IU Health”
- Exterior Signage
 - Facility Name, Facility Logo, and/or Sponsor ID included on exterior, marquee signage of the building
 - Facility Logo, Facility Name, and/or Sponsor ID recognition on permanent entrance signage to the Facility
 - Facility Name and/or Facility Logo on Entity directional signage leading up to the Facility
- Interior Signage
 - Facility Logo, Facility Name, and/or Sponsor ID included on interior signage and placards for the Facility, including the lobby entry and exit signs, locker rooms,

fitness areas, aquatics facility, multi-purpose rooms, basketball courts, and other interior locations as mutually agreed upon by the Parties.

- Digital and Print Assets
 - Facility Logo, Facility Name, and/or Sponsor ID on all Facility schedules and program marketing materials; provided, however, such right shall not extend to the materials of third-parties unaffiliated with Entity.
 - Facility Logo, Facility Name, and/or Sponsor ID on Fishers Parks website
 - Facility Logo, Facility Name, and/or Sponsor ID on Facility website
 - Facility Name and/or Facility Logo and messaging on Fishers Parks social media platforms
 - One (1) mention per month on Fishers Parks social media platforms. Messaging of posts to be mutually agreed upon by the Parties.
 - Facility Name and/or Facility Logo on Fishers Parks e-newsletters
 - One (1) Facility Name and/or Facility Logo inclusion per week, with hyperlink to Sponsor website
 - Fishers Parks to send one (1) quarterly email to Facility members with a standalone advertisement/message on behalf of Sponsor. Contents of the quarterly email is to be approved in advance by Entity.
- On-Site Activation
 - Sponsor shall have the opportunity to place a physical, red wagon or other playground element in the Facility playground, with the timing of the installation of the playground element to be mutually agreed upon by the Parties. Sponsor shall bear all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of the playground element. The form, size, and location of the physical element to be mutually agreed upon by the Parties.
 - Mutually agreed upon Sponsor activations inside or outside of the Facility lobby. Frequency, contents, and location of such on-site activations to be mutually agreed upon by the Parties.
 - Use of Facility rental space up to four (4) times per Contract Year in the areas that are publicly available for rental (as distinguished from the entire Facility).
 - Dates, times, and specific space shall be based on availability and mutually agreed upon by the Parties.
 - The rental fee shall be waived for the above uses, but Sponsor shall be responsible for all other costs, including, without limitation, staffing, tech, and food and beverage.
 - If the use rights included in this section are not exhausted in any Contract Year, such rights shall expire at the end of such Contract Year and shall not rollover into any subsequent Contract Year.
 - Sponsor messaging and program integration where applicable from time-to-time such as community-hosted events, providing healthy tips messaging to patrons, and other messaging and program integration to be mutually agreed upon by the Parties.
 - Sponsor given the opportunity to host monthly community education events for Fishers' residents at Facility in an area of the Facility that does not require the residents to pay a membership fee.

- Dates, times, and specific space shall be based on availability and mutually agreed upon by the Parties.
 - Sponsor has ability to have the Facility serve as the host site for the IU Health Fresh and Fit program, with the details of the program to be mutually agreed upon by the Parties.
- Sponsor employees will have the ability to purchase memberships to the Facility at a discounted rate, with such rate to be mutually agreed upon by the Parties.

AgriPark Presenting Sponsorship Rights

- Exclusive presenting sponsor of the AgriPark, the “Fishers AgriPark Strengthened by IU Health”
- Exterior Signage
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID inclusion on all AgriPark entry signs
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID included on exterior signage on AgriPark greenhouse, barn and interiors
 - AgriPark Name and/or AgriPark Logo inclusion on all Fishers’ directional signage throughout the AgriPark.
- Digital and Print Assets
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID on all AgriPark schedules, program collateral, and marketing materials; provided, however, such right shall not extend to the the materials of third-parties unaffiliated with Entity.
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID on Fisher Parks website
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID on AgriPark website
 - AgriPark Name and/or AgriPark Logo and messaging on Fishers Parks social media platforms
 - One (1) mention per month on Fishers Parks social media platforms during the months that the AgriPark is open to the public. Messaging of posts to be mutually agreed upon by the Parties.
 - AgriPark Name and/or AgriPark Logo inclusion in Fishers Parks e-newsletters
 - One (1) Sponsor ID inclusion per week, with hyperlink to Sponsor website.
- On-Site Activation
 - Mutually agreed upon Sponsor activations at the AgriPark. Frequency, contents, and location of activations to be mutually agreed upon by the Parties.
 - Use of AgriPark up to two (2) times per Contract Year.
 - Dates, times, and specific space shall be based on availability and mutually agreed upon by the Parties.
 - The rental fee shall be waived for the above uses, but Sponsor shall be responsible for all other costs, including, without limitation, staffing, tech, and food and beverage.
 - If the use rights included in this section are not exhausted in any Contract Year, such rights shall expire at the end of such Contract Year and shall not rollover into any subsequent Contract year.

- Sponsor logo to be included on materials for the free “you pick” program feeding the community as well as on packaging for food donated to the non-profit organizations associated with the AgriPark
 - Parties to collaborate on messaging and public relations opportunities related to the “you pick” program
- Sponsor seasonal messaging and program integration where applicable such as health diet messaging, and other seasonal messaging and program integration as mutually agreed upon by the Parties.
- Sponsor employees to receive discounted rate for any fees or admission rates for any paid admission events at the AgriPark, with such rates to be mutually agreed upon by the Parties.

Nickel Plate Trail Presenting Sponsorship Rights

- Exclusive “Strengthened by” reference to the name of the City of Fishers’ portion of the Nickel Plate Trail, the “Nickel Plate Trail Strengthened by IU Health”
- Signage
 - Trail Logo, Trail Name, and/or Sponsor ID on all trail markers (12 total trail markers as of the Effective Date)
 - Trail Logo, Trail Name, and/or Sponsor ID on all trail maps
 - Opportunity to collaborate on additional signage recognition and Sponsor ID integration on the trail
 - Trail Name, Trail Logo, and/or Sponsor ID at the downtown Fishers trail hub and pedestrian trail
 - Opportunity to collaborate on future event programming with Fishers Parks to be mutually agreed upon by the Parties (for example, community runs, running programs, and/or other mutually agreed upon programs).
- Digital and Print Assets
 - Sponsor presenting partner recognition on all Nickel Plate Trail schedules, program collateral, and marketing materials, as applicable.
 - Trail Logo, Trail Name, and/or Sponsor ID on Fishers Parks website
 - Trail Logo, Trail Name, and/or Sponsor ID on Play Fishers website
 - Sponsor presenting partner recognition and messaging on Fishers Parks social media platforms
 - One (1) mention per month on Fishers Parks social media platforms. Messaging of posts to be mutually agreed upon by the Parties.
 - Sponsor presenting partner recognition in Fishers Parks e-newsletters
 - One (1) Sponsor inclusion per week, with hyperlink to Sponsor website

Fishers Parks Event Partnerships

- Farmers Markets
 - Exclusive presenting sponsor of the Fishers Farmers Market, the “Fishers Farmers Market Strengthened by IU Health”
 - Category exclusivity for sponsorship at Saturday farmers market in the healthcare system category.

- Sponsor inclusion in fifteen (15) social media posts from Entity social media accounts per Contract Year promoting the Fishers Farmers Market. Messaging of the posts to be mutually agreed upon by the Parties.
- Sponsor recognition in Fishers Farmers Market press release
- Sponsor ID and Sponsor hyperlink inclusion on Fishers Farmers Market website
- Sponsor ID inclusion on all published materials promoting the Fishers Farmers Market
- 10' x 10' activation space at all Saturday morning markets. Contents of activation and specific activation space to be mutually agreed upon by the Parties.
 - Includes ability for Sponsor to share or give the booth space to Sponsor not-for-profit partners. Not-for-profit partners must be approved by Fishers Parks prior to on-site activation, with approval to be at Fishers Parks' sole discretion.
- Sponsor ID on event signage at Saturday farmers markets
- Sponsor ID inclusion on reusable shopping bags produced by Fishers Parks
- Spark! Fishers 5K
 - Sponsor designation as a platinum level sponsor of the Spark! Fishers 5K
 - Sponsor to be named in the official Spark! Fishers press release
 - Sponsor ID and Sponsor hyperlink inclusion on Spark! Fishers website
 - Sponsor inclusion in eight (8) social media posts on Entity social media accounts per Contract Year promoting Spark! Fishers, with messaging of posts to be mutually agreed upon by the Parties.
 - Sponsor included as a “co-host” on the official Facebook Spark! Fishers 5K page
 - Sponsor recognition on four (4) Entity e-mail blasts per Contract Year, promoting the Spark! Fishers 5K.
 - Prominent Sponsor ID placement on Spark! Fishers staff shirts, volunteer shirts, and all 5K shirts and 5K bibs.
 - Sponsor ID on signage at the race start and finish lines
 - Sponsor recognition during opening announcements, with an opportunity for a Sponsor representative to speak during the opening announcements.
 - Sponsor to be provided with activation space at Spark! Fishers 5K and Spark! Fishers 5K after-party. Activation space, contents, and location to be mutually agreed upon by the Parties.
 - Sponsor to receive a total of twenty (20) free registrations to each year's race for use by Sponsor employees
 - Opportunity for parade entry and Spark Street festival booth space. Location and size of the booth shall be as mutually agreed upon by the Parties.
 - Includes ability for Sponsor to share or give booth space to Sponsor not-for-profit partners. Not-for-profit partners must be approved by Fishers Parks prior to on-site activation, with approval to be at Fisher Parks' sole discretion.

Exhibit C

Payment Chart

Contract Year	Rights Fee
Contract Year 1	\$250,000.00
Contract Year 2	\$450,000.00
Contract Year 3	\$461,250.00
Contract Year 4	\$472,781.25
Contract Year 5	\$484,600.78
Contract Year 6	\$496,715.80
Contract Year 7	\$509,133.70
Contract Year 8	\$521,862.04
Contract Year 9	\$534,908.59
Contract Year 10	\$548,281.30
Contract Year 11	\$561,988.34
Contract Year 12	\$576,038.04
Contract Year 13	\$590,439.00
Contract Year 14	\$605,199.97
Contract Year 15	\$620,329.97
Extended Term (if exercised)	
Contract Years 16 and beyond	If the Term of this Agreement is extended beyond Contract Year 15 in accordance with Section 3(b), the Rights Fee for the Extended Term beyond Contract Year 15 shall be memorialized by the Parties as set forth in Section 8.

RESOLUTION NO. R012825

**RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY
APPROVING PRESENTING SPONSORSHIP AGREEMENT WITH INDIANA
UNIVERSITY HEALTH, INC.**

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City") owns and operates the Fishers AgriPark, Fishers Community Center (under construction), Nickel Plate Trail, Spark! Fishers 5K and Fishers Farmers Market (collectively, the "Assets");

WHEREAS, Indiana University Health, Inc., an Indiana nonprofit corporation ("IU Health") desires to sponsor the Assets and specifically to compensate the City in the aggregate amount of over \$7 Million for fifteen (15) years for certain sponsorship rights;

WHEREAS, in addition to the sponsorship rights, IU Health will receive ancillary rights like signage, advertising on social media for the Assets and the right to provide limited programming and activation at the community center; and

WHEREAS, all rights and obligations of the City and IU Health are specifically described in the Presenting Sponsorship Agreement attached hereto and incorporated herein as Exhibit A (the "Agreement").

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers Board of Public Works and Safety meeting in a duly noticed and regularly scheduled meeting as follows:

- Section 1.** The Board hereby approves the Presenting Sponsorship Agreement attached hereto as Exhibit A.
- Section 2.** The Mayor is hereby authorized to execute a presenting sponsorship agreement substantially similar to the Agreement.
- Section 3.** This Resolution shall be in full force and effect from and upon its adoption and in accordance with Indiana law.

ALL OF WHICH IS RESOLVED by the City of Fishers Board of Public Works & Safety this 28th day of January, 2025.

**BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		

ATTEST:  DATE: 1/28/25
Kari Adriano, Board Clerk



instrument prepared by: Lindsey M. Bennett, Corporation Counsel, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

““I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in
this document, unless required by law.” /s/ Lindsey M. Bennett

PRESENTING SPONSORSHIP AGREEMENT

This PRESENTING SPONSORSHIP AGREEMENT (the “Agreement”), made and entered into this 28th of January, 2025 (the “Effective Date”) by and between the City of Fishers, Hamilton County, Indiana, an Indiana municipal corporation, with an office address of 1 Municipal Drive, Fishers, Indiana 46038 (“Entity”) and Indiana University Health, Inc., a non-profit corporation with an office address at 340 W. 10th Street, Indianapolis, Indiana 46202 (“Sponsor”). Entity and Sponsor are sometimes together referred to herein as the “Parties” and individually as a “Party”.

WITNESSETH:

WHEREAS, Entity owns and operates the Assets (as defined below and further described in Section 2); and

WHEREAS, Entity has the right to sell Presenting Sponsorship Rights and other sponsorship and associated rights for the Assets to the Sponsor; and

WHEREAS, Sponsor desires to purchase Presenting Sponsorship Rights and other sponsorship and associated rights with respect to the Assets, all as more fully set forth herein; and

WHEREAS, Entity desires to sell Presenting Sponsorship Rights and other sponsorship and associated rights to the Assets to the Sponsor, in consideration for satisfaction of the covenants and agreements set forth in this Agreement; and

NOW, THEREFORE, in consideration of the foregoing and the mutual representations, warranties, covenants and agreements set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the Parties, intending to be legally bound, hereby agree as follows:

1. Definitions. As used in this Agreement, the following terms have the following meanings.

“**Affiliate**” means a Person that, directly or indirectly, through one or more intermediaries, controls, or is controlled by, or is under common control with, a Person. As used in this definition, the term “controls” or “controlled by” means the possession of the power to direct the management and policies of the Person, whether through ownership of voting securities, by contract or otherwise.

“**Agreement**” has the meaning set forth in the Preamble.

“**AgriPark**” means the 33-acre farm located at 11171 Florida Road, Fishers, Indiana 46040.

“**AgriPark Development(s)**” means any addition, modification, or expansion of the AgriPark, or any portion thereof, that is planned, developed, and/or constructed at, or in association with, the AgriPark after the Effective Date and during the Term.

“**AgriPark Logo**” has the meaning set forth in Section 10(a).

“AgriPark Name” has the meaning set forth in Section 4(a).

“Asset Logo(s)” has the meaning set forth in Section 10(a). The Asset Logos shall also include any future changes to the Asset Logos, in accordance with this Agreement.

“Asset Social Media Accounts” has the meaning set forth in Section 15(b).

“Asset Trademarks” has the meaning set forth in Section 14(a).

“Asset Websites” has the meaning set forth in Section 15(a).

“Assets” means, collectively, the Facility, AgriPark, Nickel Plate Trail, and the Events. Throughout this Agreement, each asset shall be referred to individually as an “Asset” and collectively as the “Assets.”

“Base Term” has the meaning set forth in Section 3.

“Contract Year” means each twelve (12) month period beginning on the Effective Date and each anniversary thereof.

“Direct Competitor” means any Person (other than Sponsor and its Affiliates) that provides or offers products and/or services within the Exclusive Category.

“Effective Date” has the meaning set forth in the Preamble.

“Entitlements” means the entitlements set forth in **Exhibit B**.

“Entity” has the meaning set forth in the Preamble.

“Entity Default” has the meaning set forth in Section 25(c).

“Entity Trademarks” means Entity’s name or other logos or trademarks, as set forth in Section 16(a).

“Events” shall mean Spark! Fishers 5K and the Fishers Farmers Market. Both Spark! Fishers 5K and the Fishers Farmers Market shall be referred to individually as an Event, and collectively as the Events.

“Exclusive Category” means, with respect to the Assets, the healthcare/healthcare system category, which shall mean a facility or network of facilities with an organized medical staff, with permanent facilities that include inpatient beds with medical services, including physician services and continuous nursing services under the supervision of registered nurses, to provide diagnosis and medical or surgical treatment primarily for but not limited to acutely ill patients and accident victims, to provide treatment for patients with mental illness, or to provide treatment in special inpatient care facilities. The Exclusive Category shall include independent physician practices, ambulatory surgery centers, physical therapy clinics, and rehabilitation practices, but shall not include independent healthcare facilities engaged in, without limitation, the practice of dentistry

or ophthalmology, chiropractic services, pharmaceutical services, or psychiatric services, and shall not include non-healthcare facilities engaged in the practice of pharmaceutical services.

“Extended Term” has the meaning set forth in Section 3.

“Facility” means the City of Fishers Community Center, an approximately 105,000 square foot community and recreation complex to be constructed by Entity located on Hoosier Road near 121st Street in Fishers, Indiana, the concept plan for which is attached **Exhibit A-1**.

“Facility Developments” means any facility, or any portion thereof, that is planned, developed, and/or constructed at, or in association with, the Facility after the initial construction of the Facility and beyond that which is contemplated in the renderings set forth in **Exhibit A-1**.

“Facility Logo” has the meaning set forth in Section 10(a).

“Facility Name” has the meaning set forth in Section 4(a).

“Farmers Market Name” has the meaning set forth in Section 4(a).

“Fishers Farmers Market” is a farmers market operated by Fishers Parks that runs annually through the summer in Fishers, Indiana. The Fishers Farmers Market operates at the Nickel Plate District Amphitheater (open on Saturdays, May through September).

“Fishers Parks” means the Fishers, Indiana Parks and Recreation Department.

“Force Majeure Event” has the meaning set forth in Section 30.

“Independent Marks” has the meaning set forth in Section 14(c).

“Insolvency Event” means, with respect to Sponsor, the occurrence of any of the following: (a) Sponsor shall commence a voluntary case concerning itself under any Insolvency Law; (b) an involuntary case is commenced against Sponsor and the petition is not controverted within fifteen (15) days, or is not dismissed within sixty (60) days, after commencement of the case; (c) a custodian is appointed for, or takes charge of, all or substantially all of the property of Sponsor or commences any other proceedings under any Insolvency Law relating to Sponsor or there is commenced against Sponsor any such proceeding which remains undismissed for a period of sixty (60) days; (d) any order of relief or other order approving any such case or proceeding is entered; (e) Sponsor is adjudicated insolvent or bankrupt; (f) Sponsor suffers any appointment of any custodian, receiver or the like for it or any substantial part of its property to continue undischarged or unstayed for a period of sixty (60) days; or (g) Sponsor makes a general assignment for the benefit of creditors.

“Insolvency Law” means any bankruptcy, reorganization, arrangement, adjustment of debt, relief of debtors, dissolution, insolvency or liquidation or similar Law of any jurisdiction, whether federal, state or foreign, and whether now existing or hereafter in effect.

“Knowledge” means with respect to (a) Sponsor, that the executive officers and directors of Sponsor, or (b) in the case of Entity, that the Mayor or executive staff (department heads), are

aware or reasonably should have been aware of a particular fact or matter after conducting reasonable due diligence and inquiry.

“Laws” means any federal, state, local, or foreign constitution, treaty, law, statute, ordinance, resolution, rule, code, regulation, order, writ, decree, injunctions, judgment, stay, or restraining order, provisions and conditions of permits, licenses, registrations, and other operating authorizations, and any judgment, opinion, or ruling of, any governmental authority, in each case, whether currently in effect or which may hereinafter be enacted as existing or amended.

“Name(s)” has the meaning set forth in Section 4(a). The Names shall also include any future name changes.

“Nickel Plate Trail” means the portion of the Nickel Plate Trail rail trail located in Fishers, Indiana.

“Official Designation” has the meaning set forth in Section 4(b).

“Old Asset Logos” has the meaning set forth in Section 10(c).

“Party” has the meaning set forth in the Preamble.

“Person” means any natural person, corporation, partnership, limited partnership, limited liability company, estate, trust, joint venture, association, government (and any branch, agency or instrumentality thereof), governmental entity or other form of entity or business organization.

“Presenting Sponsorship Rights” means the right, subject to the prior written mutual agreement between the Parties, to be the presenting sponsor of the Facility, AgriPark, Nickel Plate Trail, and the Fishers Farmers Market.

“Public Statements” has the meaning set forth in Section 35.

“Rights Fee” has the meaning set forth in Section 8.

“Signage” has the meaning set forth in Section 11(a).

“Spark! Fishers 5K” is an annual 5K run/walk that is included as part of the weeklong Spark! Fishers event managed, promoted, organized, and operated by the Entity, that consists of various events and activities including, but not limited to, concerts, a 5K/run walk, a car and art show, and a street festival.

“Sponsor” has the meaning set forth in the Preamble.

“Sponsor ID” means Sponsor’s name or logo.

“Sponsor Default” has the meaning set forth in Section 25(a).

“Sponsor Trademarks” means Sponsor’s name or other logos or trademarks, as set forth in Section 17(a).

“Sponsorship Offer” has the meaning set forth in Section 3(b)(i).

“Style Guide” has the meaning set forth in Section 10(b).

“Subordinate Rights” has the meaning set forth in Section 4(d).

“Term” has the meaning set forth in Section 3.

“Third Party Intellectual Property” has the meaning set forth in Section 18(a).

“Third Party Signs” has the meaning set forth in Section 11(f).

“Trail Development(s)” means any addition, modification, or expansion of the Nickel Plate Trail, or any portion thereof, that is planned, developed, and/or constructed at, or in association with, the Nickel Plate Trail after the Effective Date and during the Term.

“Trail Logo” has the meaning set forth in Section 10(a).

“Trail Name” has the meaning set forth in Section 4(a).

“Transfer” has the meaning set forth in Section 28.

“Uncontrolled Portions” has the meaning set forth in Section 6(a).

2. Presenting Sponsorship Assets.

- a. Entity hereby represents that the Entity will own and operate the Facility, which has not been constructed as of the Effective Date of this Agreement. Nothing herein contained shall obligate Entity to operate the Facility or any of its facilities on any particular day or for any particular number of hours per day. The Entity reserves the right to alter the operating schedule of days and hours of the Facility at any time. Entity agrees to notify Sponsor if a change in operating schedule would reduce the annual operating hours by greater than twenty percent (20%) and will provide Sponsor with additional Assets roughly equivalent in value to the reduction in marketing time caused by the change.
- b. Entity hereby represents that the Entity owns and operates the AgriPark. AgriPark is an urban farm that, as of the Effective Date, consists of approximately 33 acres and is located at 11171 Florida Road, Fishers, Indiana 46040; a map of the AgriPark is included as **Exhibit A-2**. Nothing herein contained shall obligate Entity to operate the AgriPark or any of its facilities on any particular day or for any particular number of hours per day. The Entity reserves the right to alter the operating schedule of days and hours of the AgriPark at any time without notice to Sponsor.
- c. Entity hereby represents that the Entity owns and operates the portion of the Nickel Plate Trail located in Fishers, Indiana. The Nickel Plate Trail is the City's pedestrian trail that, as of the Effective Date, extends from 146th to 106th Street and

traverses the City's Nickel Plate District; a map of the Fishers' portion of the Nickel Plate Trail is included as **Exhibit A-3**. Nothing herein contained shall obligate Entity to operate the Nickel Plate Trail or any portions thereof on any particular day or for any particular number of hours per day. Entity reserves the right to alter the operating schedule of days and hours of the Nickel Plate Trail at any time without notice to Sponsor. Sponsor understands that the Nickel Plate Trail extends beyond the borders of the City of Fishers, and that Entity only has control of the operations of the Nickel Plate Trail within the borders of Fishers, Indiana; accordingly, the Parties expressly acknowledge and agree that the rights of Sponsor and obligations of Entity provided herein concern only those portions of the Nickel Plate Trail within the City of Fishers' municipal boundaries, as extended pursuant to the Laws.

- d. Entity hereby represents that Entity manages, promotes, organizes, and operates the Events. Nothing herein contained shall obligate Entity to hold the Events on any particular day or for any particular number of hours per day. Entity reserves the right to alter the operating schedule of days and hours of the Events at any time and without notice to Sponsor.

3. **Term.** The term of this Agreement shall commence on the Effective Date and continue for fifteen (15) Contract Years, unless extended or sooner terminated in accordance with the terms hereof (the "**Base Term**"). If this Agreement is extended pursuant to Sections 3(a)-(b), the extension period shall be referred to as the "**Extended Term**." The Base Term and any and all Extended Terms shall together or individually be referred to herein as the "**Term**".

- a. **Extension Option.** Notwithstanding the foregoing, the Sponsor shall have the right to extend the Term of this Agreement upon the terms and conditions set forth herein, as further set forth in Section 3(b). In order for the Extended Term to be effective, Sponsor must send timely (as set forth in Section 3(b) below) written notice (in accordance with Section 19) to Entity of its intent to exercise the Extended Term. If Sponsor fails to provide timely (as set forth in Section 3(b) below) written notice of its intent to exercise the Extended Term, the Extended Term shall not be validly exercised.
- b. **Extended Term.** If Sponsor desires to exercise the Extended Term, Sponsor shall provide written notice to Entity of such desire at any time before the last day of Contract Year 13 (in accordance with Section 19). If Sponsor provides such written notice, Entity shall submit a proposal to Sponsor for consideration no later than April 1 of Contract Year 14, and Entity and Sponsor shall negotiate in good faith toward an extension until August 1 of Contract Year 14. Notwithstanding the foregoing or anything included herein to the contrary, it shall not be deemed a failure to negotiate in good faith if, for example and without limitation, the Parties do not agree to the (i) applicable Rights Fee; (ii) the rights included within the definition of the Presenting Sponsorship Rights; (iii) the length of the Extended Term; and/or (iv) the aggregate amount of the Rights Fee over the proposed Extended Term.

4. Grant of Rights.

a. Grant of Presenting Sponsorship Rights. Entity hereby grants to Sponsor during the Term the exclusive Presenting Sponsorship Rights to the Facility, AgriPark, Nickel Plate Trail, and Fishers Farmers Market, pursuant to the terms and conditions of this Agreement. As of the Effective Date, the official name of the Facility shall be the “Fishers Community Center Strengthened by IU Health” (the “Facility Name”), the official name of the AgriPark shall be the “Fishers AgriPark Strengthened by IU Health” (the “AgriPark Name”), the official name of the Nickel Plate Trail shall be the “Nickel Plate Trail Strengthened by IU Health” (the “Trail Name”), and the official name of the Fishers Farmers Market shall be the “Fishers Farmers Market Strengthened by IU Health” (the “Farmers Market Name”), unless amended or changed in accordance with this Agreement. The Facility Name, AgriPark Name, Trail Name, and Farmers Market Name shall be referred to throughout this Agreement individually as a “Name”, and collectively as the “Names”. The Assets shall be referred to by their respective Names, as applicable, in all marketing and promotional materials (materials including print and electronic publications, print and electronic program guides, brochures, visitor guides, flyers, programs, and the like, on websites, social media, press releases, electronic or static billboards, merchandise, uniforms, badges, letterhead, event credentials and tickets, and similar materials, and other related areas) and Signage; provided, however, the Parties acknowledge and agree that the name of the Spark! Fishers 5K remains unchanged, and Sponsor shall be named a platinum level sponsor. Both Parties agree that the Names should not be abbreviated and to use good faith efforts, contractually or otherwise, to require that third parties (including those third parties that enter into an agreement to rent or use Facility, AgriPark, or portion of the Nickel Plate Trail and those third parties that enter into an agreement related to the Events) include the Names in all advertising or other dissemination of information regarding the relevant Asset; provided, however, the Parties acknowledge and agree that Entity does not control such third parties and shall not be liable for such third-party’s advertising or dissemination of information that does not include or properly include the Name or Names.

b. Official Designation. During the Term of this Agreement, Entity hereby grants Sponsor the license to become the Official Health and Wellness Partner of the Facility, the Fishers Farmer’s Market, Fishers Nickel Plate Trail, Spark! Fishers 5K, and the AgriPark (individually or collectively, the “Official Designation”). Entity agrees that Sponsor shall have the right to use the Official Designation in connection with the marketing and promotion of Sponsor’s products and services and to help and promote the partnership. Notwithstanding the foregoing or anything included herein to the contrary, Sponsor acknowledges and agrees that, with respect to the Fishers Nickel Plate Trail, Entity is entitled to place an Andretti Autosports or related Andretti logo on the bridge to be constructed over the Nickel Plate Trail at 96th Street.

c. Name Change. In no event shall any of the Names be changed or altered by Sponsor without the prior written approval of Entity. If Sponsor undergoes a name change, Entity and Sponsor shall jointly work to mutually determine a new Name.

d. Subordinate Rights. Notwithstanding the grant of Presenting Sponsorship Rights, Entity shall have the unlimited right to offer, grant, sell or otherwise convey, official sponsor, sponsorship rights, advertising, hospitality, or any other rights, benefits, or recognition, in whole or in part, to any subordinate portion of the Assets (the “Subordinate Rights”) to any third party;

provided however, that Entity shall not grant any Subordinate Rights to a Direct Competitor within the Exclusive Category.

e. Limitation of Rights. The Parties hereby understand and agree that the Entitlements and branding rights set forth in this Agreement relevant to the AgriPark and Nickel Plate Trail shall only apply to the AgriPark and Nickel Plate Trail as they currently exist as of the Effective Date, which are set forth in **Exhibits A2-3**; they shall not apply to any AgriPark Developments or Trail Developments. Any and all branding opportunities to AgriPark Developments or Trail Developments shall be negotiated and memorialized in a separate written agreement. In addition, the Parties hereby understand and agree that the Entitlements and branding rights set forth in this Agreement relevant to the Facility shall only apply to the Facility as it is initially constructed and as contemplated in the renderings set forth in **Exhibit A-1**; they shall not apply to Facility Developments. Any and all branding opportunities to Facility Developments shall be negotiated and memorialized in a separate written agreement. Notwithstanding the foregoing, and consistent with Section 5 below, Entity shall not grant to any Direct Competitor within the Exclusive Category any right or license to market or promote any products or services within the Exclusive Category anywhere at or in conjunction with the AgriPark Developments, Trail Developments, and Facility Developments. Sponsor shall have the right of first refusal for new branding opportunities in the AgriPark, Nickel Plate Trail, and Facility Developments.

5. Exclusivity. From the Effective Date through the end of the Term, subject to Section 6 below, and as long as no Sponsor Default exists, Entity hereby agrees that it shall not grant to any Direct Competitor any right or license to market or promote any products or services within the Exclusive Category anywhere at or in conjunction with any of the Assets.

6. Exceptions to Exclusivity. Notwithstanding anything to the contrary herein, any right of exclusivity granted to Sponsor in this Agreement shall be limited based on the following:

- a. Sponsor acknowledges and agrees that Entity cannot control the Facility, AgriPark and Nickel Plate Trail, and components thereof, when unaffiliated third parties like promoters, licensees and other third parties use the Facility, AgriPark, and Nickel Plate Trail, or any of the facilities therein or when the Facility, AgriPark, and Nickel Plate Trail are open to the public ("Uncontrolled Portions"). Therefore, competing brand logos, products, signage, and other promotion or recognition, including those of Direct Competitors, may be promoted and otherwise visible, throughout the Term, in the Uncontrolled Portions and will not constitute a breach of this Agreement.
- b. Entity may, without breaching this Agreement, enter into use agreements for use of the Facility, AgriPark, Nickel Plate Trail, or their facilities therein with entities who may compete, have sponsors that compete, or host events or other functions that have sponsors that compete with Sponsor, including Direct Competitors.

7. Entitlements. Commencing on the Effective Date and throughout the Term of this Agreement, Entity shall provide to Sponsor and Sponsor shall be entitled to the Entitlements set forth in **Exhibit B**. Notwithstanding anything in this Agreement to the contrary, the Parties understand and agree that certain Entitlements related to the City of Fishers Community Center

that are granted to Sponsor in this Agreement, and as set forth in Exhibit B, may, subject to the mutual agreement of the Parties, be utilized by Riley Children's Health.

8. Compensation to Entity. In consideration of the rights, privileges, and benefits granted under this Agreement, Sponsor shall pay to Entity compensation during the Term as set forth in **Exhibit C** ("Rights Fee"). The Rights Fee shall be due and payable in one (1) installment per Contract Year. The Rights Fee for Contract Year 1 shall be due and payable within forty-five (45) days of the Effective Date. In all subsequent Contract Years, the Rights Fee shall be due and payable within forty-five (45) days of the commencement of each Contract Year. In the event this Agreement is extended beyond Contract Year 15 pursuant to Sections 3(a)-(b) above, the Parties shall, prior to commencement of Contract Year 16, memorialize the Rights Fee (which Rights Fee may be the same or different) in a written amendment to this Agreement.

9. Payments.

a. All payments shall be paid by way of check made payable to "City of Fishers, Indiana" and mailed to Entity at its address set forth in Section 19, or such other address as is designated by Entity in writing and in advance.

b. Any payment required to be made by Sponsor that is not paid within ten (10) days from the date such payment becomes due and owing shall bear interest at an annual rate of twelve percent (12%) per annum or, if lower, the maximum allowed by law, from the due date to the date payment is actually made. The right of Entity to receive interest under this Section shall be in addition to all other rights it may have as a result of Sponsor's failure to make payments when due.

10. Asset Logos.

a. Asset Logos. During the Term, Entity and Sponsor shall develop, at Sponsor's sole cost and expense, logos or other similar designs or devices incorporating "IU Health," the Name of the relevant Asset (including the Facility, AgriPark, and Nickel Plate Trail), and such additional appropriate words or designs that relate to or identify Sponsor, Entity, and the relevant Asset (the logos shall be known specifically as the "Facility Logo", "AgriPark Logo", and "Trail Logo", individually as an "Asset Logo", and collectively as, the "Asset Logos"). In all events, the appropriate Asset Logos shall be included in all marketing and promotional materials produced by Sponsor and Entity related to the relevant Asset. In all events, the Asset Logos shall be mutually agreed upon by Entity and Sponsor. In no event shall any of the Asset Logos be changed or altered by Sponsor without the prior written approval of Entity.

b. Use of the Asset Logos & Names. As soon as reasonably practical after the Effective Date, Entity and Sponsor shall develop a style guide that sets forth approved uses of the Asset Trademarks and the Independent Marks ("Style Guide"). Any use of the Asset Trademarks and Independent Marks by either Party shall comply with the Style Guide in all material respects. Any use of the Names, Asset Logos, or Independent Marks by either Party that departs in any material respect from the agreed upon Style Guide shall, in each case, be submitted to the other Party for its prior written approval, in accordance with the approval rights set forth in Sections 16 and 17, respectively.

c. Use of Old Asset Logos & Names. Entity shall have the right to deplete any inventory (e.g., brochures, flyers, letterhead, etc.) of produced materials using the Asset names and logos that were used prior to this Agreement (“Old Asset Logos”), not to exceed one hundred twenty (120) days past the Effective Date. Prior to one hundred twenty (120) days past the Effective Date, Entity shall provide Sponsor with the opportunity to purchase Old Asset Logos inventory, without markup, for destruction. Entity shall order any and all new inventory after the Effective Date with the Names and Asset Logos (as appropriate, depending on the nature of the item).

11. Signage.

a. Asset Signage. In connection with the Entitlements granted to Sponsor hereunder, Sponsor shall be entitled to have certain signage or other forms of exposure of the Names and Asset Logos placed conspicuously in, on and around the Assets, as applicable, as otherwise specified in **Exhibit B** (the “Signage”). The financing plan (to the extent the sole obligation of Sponsor), content, appearance, location, material, quantity, and size for all Signage shall be mutually agreed upon by Sponsor and Entity, and Entity shall endeavor to locate and install such Signage within ninety (90) days’ of the Effective Date (the “Signage Deadline”); provided, however, it shall not be a violation of this Agreement if Entity does not meet the Signage Deadline for all Signage (Entity and Sponsor acknowledging and agreeing that some of the Signage cannot be designed, fabricated and installed by the Signage Deadline). The appearance, location, and size of any and all Signage shall be consistent with local regulations and applicable Laws, including building codes.

b. Production and Installation. Sponsor shall be responsible for paying all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of all Signage, except as set forth in the following sentence, which amounts shall be in addition to, and not a part of, the Rights Fee (as defined in Section 8). Notwithstanding the foregoing, Entity shall be responsible for paying all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of all of the initial Facility Signage budgeted for, and planned, by Entity as of the Effective Date, as set forth in **Exhibit A-1**. The costs and expenses associated with the design, permitting, preparation, delivery, mounting and installation of Facility Signage beyond the initial Facility Signage as set forth in **Exhibit A-1** shall be the responsibility of Sponsor. Sponsor shall hire one or more contractors preapproved in writing by Entity to mount and install the Signage, the costs of which shall be the responsibility of Sponsor, except as it relates to the initial Facility Signage set forth in **Exhibit A-1**. In the event that any currently existing signage is in need of removal and replacement in order to install the Signage, Sponsor shall be solely responsible for the costs and expenses of such removal and replacement, with the exception of the costs and expenses associated with the removal and replacement of currently existing Facility signage, the cost of which shall be borne by Entity. Any and all currently existing signage that is removed pursuant to this Section shall be the sole and exclusive property of Entity and shall be returned to it at the sole cost and expense of Sponsor.

c. Maintenance. Following the design, preparation, production, mounting and installation of the Signage, Entity shall be responsible for paying costs related to the

illumination of any external Signage and paying the costs and expenses associated with the routine maintenance (but not replacement) of all Signage.

d. Removal and Replacement of Signage. As stated in Section 11(b), with the exception of existing Facility signage, Sponsor shall be responsible for all costs and expenses associated with the removal, destruction, discarding, or replacement of any signage existing as of the Effective Date. Additionally, in the event that the Signage is in need of removal, destruction, discarding, and replacement due to a substitution, modification or change of any of the Names or Asset Logos during the Term, Sponsor shall be responsible for all costs and expenses associated with such removal, destruction, discarding, or replacement. Upon the early termination of this Agreement by Sponsor, Sponsor shall be responsible for costs and expenses associated with (i) the removal, destruction, discarding, or replacement of all Signage; and (ii) the reinstallation of the signage that existed prior to the execution of this Agreement. Any and all Signage that is removed pursuant to this Section shall be the sole and exclusive property of Entity and shall be returned to it at the sole cost and expense of Sponsor. Entity shall be responsible for the costs and expenses associated with the removal and replacement of Signage due to normal wear and tear and the decision to remove and replace the Signage due to normal wear and tear shall be reserved solely by Entity.

e. Third Party Signs. Sponsor and Entity shall use reasonable commercial efforts to cause any existing and future roadway or other signs referencing an Asset to identify the relevant Asset by the appropriate Name and Asset Logo; *provided however*, that, for the avoidance of any doubt, the Parties shall not be deemed in breach of this Agreement in the event a third party fails to identify such signage.

f. Third Party Signs as of the Effective Date. Notwithstanding anything herein to the contrary, Entity and Sponsor understand and acknowledge that, prior to the Effective Date, references to the Assets have been physically incorporated in various signs, sidewalks, kiosks, and/or building structures that cannot be modified or changed except at considerable cost and expense (the “Third Party Signs”), and the Parties agree that the failure to modify such signs will not constitute a breach of this Agreement. To the extent Sponsor desires that any Third Party Signs in existence as of the Effective Date be replaced or modified to include the appropriate Name and/or Asset Logo, and the cost to replace and/or modify any such Third Party Sign is not borne by the controlling body that owns or controls such Third Party Sign, then the cost and expense of designing, purchasing, constructing, and installing any replacement or modified Third Party Signs shall be paid for by Sponsor.

12. Subsequent Name Change. If Sponsor or its successor or assignee changes or causes the change of any Name or Asset Logo in accordance with the terms of this Agreement, including receiving Entity’s prior written approval in accordance with this Agreement, Sponsor shall pay, or cause its successor or assignee to pay, all costs and expenses associated therewith, including, without limitation, the cost and expense of: (a) removing, destroying and/or discarding Signage reflecting the prior Name and/or Asset Logo, (b) preparing, producing, replacing, mounting and installing new or altered Signage to reflect the changed Name and/or Asset Logo, (c) removing, destroying or discarding merchandise, equipment and other collateral materials (including, but not limited to, printed, electronic, and video materials, publications, staff uniforms, supplies, and all other equipment or materials regardless of format that need to be changed to effect the renaming

or rebranding of the relevant Asset with the new Name) related to the Asset branding, promotion and publicity displaying the prior Name and/or Asset Logo, and (d) preparing, producing, replacing and distributing merchandise, equipment or other collateral materials (including, but not limited to, printed, electronic, and video materials, publications, staff uniforms, supplies, and all other equipment or materials regardless of format that need to be changed to effect the renaming or rebranding of the relevant Asset with the new Name) related to the Asset branding, promotion and publicity reflecting the changed Name and/or Asset Logo; and (e) attorneys' fees, other professionals' fees, and the cost of obtaining any required consents and approvals associated with such change as well as all other out of pocket costs and expenses relating to Signage, promotions, branding, advertising and marketing.

13. Third Party Marketing and Promotional Materials. Entity and Sponsor agree that each shall use commercially reasonable efforts during the Term to cause the media, advertisers, promoters, sponsors, service providers, parties holding events at the Facility, Nickel Plate Trail, and/or AgriPark, and other third parties to identify the relevant Asset by the appropriate Name and to incorporate the appropriate Name and Asset Logo into all advertising and promotional materials that identify the Asset published or distributed by such party; *provided however*, that any failure of such parties to refer to Asset by the Name and incorporate the Asset Logo shall not be considered a breach of this Agreement or the liability of Entity.

14. Trademarks.

a. Ownership of Asset Trademarks. Entity and Sponsor agree that Sponsor shall own all right, title and interest in the Names, Asset Logos, and/or any stylized form or combination thereof, as may be modified throughout the Term, including the trademarks and copyrights associated therewith ("Asset Trademarks"). Sponsor shall license or acquire from the creator(s) of the Asset Logos "artist's design" sufficient rights, including rights in any copyright, to permit unrestricted use of the trademarks associated with the Asset Trademarks. For the avoidance of doubt, each Party shall retain all right, title, and interest in its respective Independent Marks that are incorporated into the Names and Asset Trademarks. For purposes of clarity, for (i) Entity, this includes, but is not limited to, the Old Asset Logos, the names of the Assets prior to the Effective Date of this Agreement, and the Entity Trademarks; and (ii) Sponsor, this includes, but is not limited to, Sponsor Trademarks.

b. License to Use Asset Trademarks. During the Term, Sponsor hereby grants to Entity and its officers, employees and contractors an unlimited, nonexclusive, irrevocable, royalty-free license (with right to sublicense to the extent permitted by this Agreement) to use the Asset Trademarks, as hereafter changed, amended, or created hereunder so long as such use is in accordance with the Style Guide and the approvals set forth in this Agreement.

c. Independent Trademarks. Except as to the Asset Trademarks or as expressly provided in this Agreement, Entity and Sponsor shall retain all ownership, right and title in their respective trademarks, service marks, trade names, insignia, symbols, logos, decorative designs or the like ("Independent Marks"), and neither Party shall use any Independent Mark that is owned by, or licensed or sublicensed to, the other Party without the other Party's prior written consent, subject to the Style Guide and the approval process set forth in Sections 16 and

17 of this Agreement. Each Party agrees that any use of the other Party's Independent Marks under this Agreement will inure to the benefit of and be on behalf of the owning Party and will terminate upon the expiration or prior termination of this Agreement. Except as expressly provided herein, the Parties will not have any rights or interests in the other Party's Independent Marks.

d. Unauthorized Use of Independent Trademarks.

Notwithstanding anything herein to the contrary, the use of the Independent Marks shall be subject to the approval of the owning Party, in its sole discretion. If Entity or Sponsor becomes aware of any unauthorized use of the Independent Marks, then such Party shall promptly notify the other Party of such unauthorized use of the Independent Marks of which the notifying Party has actual knowledge. Both Entity and Sponsor shall use commercially reasonable efforts to prevent and/or correct any unauthorized use of the Independent Marks.

15. Asset Websites and Social Media.

a. Asset Websites. Entity shall (and shall cause any third party, if applicable) change the content on the websites for the Assets, as applicable, to reflect Sponsor and the appropriate Name and/or Asset Logo (the "Asset Websites"). Entity shall manage, during the Term, the day-to-day operation of the Asset Websites (subject to mutual agreement on reasonable style guidelines) and ensure maintenance of web site uptime. Entity's obligations related to Asset Websites shall apply to all Asset Websites existing as of the Effective Date and created over the course of the Term.

b. Asset Social Media Accounts. Entity shall (and shall cause any third party, if applicable) change the social media accounts for the Assets, (including, but not limited to, accounts with Facebook, Instagram, Twitter AKA "X", LinkedIn, Snapchat, and TikTok), as applicable, to reflect Sponsor and the appropriate Name (the "Asset Social Media Accounts"). Entity shall manage, during the Term, the day-to-day operation of the Asset Social Media Accounts. The Agreement shall include all social media accounts existing as of the Effective Date and created over the course of the Term. For purposes of clarity, this Section 15(b) shall not be interpreted to require Entity to change the handle for such social media accounts; rather, Entity shall ensure that the social media accounts correctly reflect the Name of the Assets.

16. Entity Approval Rights.

a. Sponsor acknowledges and agrees that Entity has an interest in maintaining and protecting the image and reputation of the Assets and Entity, and that in order to accomplish this purpose, Sponsor must in all cases assure itself that the (i) Names, (ii) the Asset Logos, and (iii) the Entity's name or other logos or trademarks ("Entity Trademarks") are at all times used in a manner consistent with the Style Guide. Sponsor agrees that Entity shall have the right to examine and to approve or disapprove in advance of use the contents, appearance and presentation of any and all advertising, promotional or other similar materials proposed to be used by Sponsor that incorporate the Names or Asset Logos, Entity Trademarks, or that make reference in any way to Entity and that depart in any material respect from the Style Guide. Sponsor shall not produce, publish or in any manner use or distribute any such advertising, promotional or other materials that have not been submitted to and approved in writing in advance by Entity.

b. Sponsor shall submit to Entity, at the address set forth in Section 19, for Entity's examination and approval or disapproval, at least fourteen (14) days in advance of any use, a sample of the proposed advertising, promotional or other similar materials that incorporate the Names or Asset Logos, Entity Trademarks, or that refer to Entity together with the script, text, coloring, storyboards and a copy of any photograph proposed to be used. Entity shall promptly examine and either approve or disapprove such submissions and shall promptly notify Sponsor in writing of its approval or disapproval. If Entity disapproves any such submission, Entity shall advise Sponsor of the specific reasons for disapproval in each case. Entity's approval must be given explicitly in writing; provided, however, failure to respond within thirty (30) days' receipt of a submission described in this Section 16(b) shall constitute approval for purposes of this Agreement.

17. Sponsor Approval Rights.

a. Entity acknowledges and agrees that Sponsor has an interest in maintaining and protecting the image and reputation of the Assets and Sponsor, and that in order to accomplish this purpose, Entity must in all cases assure itself that the (i) Names, (ii) the Asset Logos, and (iii) Sponsor name, logo and trademarks ("Sponsor Trademarks") are all times used in a manner consistent with the Style Guide. Entity agrees that Sponsor shall have the right to examine and to approve or disapprove in writing and in advance of use of the contents, appearance and presentation of any and all materials proposed to be used by Entity that use or incorporate the Names or Asset Logos, Sponsor Trademarks, or that make reference in any way to Sponsor and that depart in any material respect from the Style Guide. Entity therefore agrees that it will not produce, publish or in any manner use or distribute any such materials that have not approved in writing in advance by Sponsor.

b. Entity shall submit to Sponsor, at the address set forth in Section 19, for Sponsor's examination and approval or disapproval, at least fourteen (14) days in advance of any use, a sample of the proposed advertising, promotional or other similar materials that incorporate the Names or Asset Logos, Sponsor Trademarks, or that refer to Sponsor, together with the script, text, coloring, storyboards and a copy of any photograph proposed to be used. Sponsor shall promptly examine and either approve or disapprove such submissions, and Sponsor shall promptly notify Entity in writing of its approval or disapproval. If Sponsor disapproves any such submission, Sponsor shall advise Entity of the specific reasons for disapproval in each case. Sponsor's approval must be given explicitly in writing; provided, however, failure to respond within thirty (30) days' receipt of a submission described in this Section 17(b) shall constitute approval for purposes of this Agreement.

18. Third Party Intellectual Property Rights.

a. Sponsor acknowledges and agrees that no rights have been granted to Sponsor to use the names, logos, copyrights, designs, trademarks, or other identifications (other than the Names or Asset Logos) used at or in conjunction with any Asset by any third party that may be granted Subordinate Rights in relation to an Asset or that may schedule or conduct any event at the Facility, Nickel Plate Trail, or AgriPark ("Third Party Intellectual Property"). Sponsor shall not use any such Third Party Intellectual Property unless and until Sponsor shall have obtained, at its sole expense, from the owner of such proprietary rights

whatever approval, license, waiver or release may be required to permit Sponsor to use such Third Party Intellectual Property.

b. Indemnification. Sponsor shall protect, indemnify, defend and save harmless Entity, its authorized agents, officers, board members, and representatives from and against any and all expenses, damages, claims, suits, actions, judgments and costs whatsoever, including reasonable attorneys' fees, arising out of, or in any way connected with, any claim or action relating to the contents of any materials produced or distributed by Sponsor in accordance with this Agreement, or alleging infringement by Sponsor of the Third Party Intellectual Property.

19. Submissions and Notices. Any notices required or permitted hereunder shall be considered as duly made if delivered by personal delivery in writing or by certified mail, postage-prepaid, return receipt requested to the Party for which it is intended. Notice delivered personally shall be deemed received upon actual receipt; notice sent by certified mail shall be deemed received on the date the return receipt is either signed or refused. Mailed notices shall be addressed to the Parties at the following address:

To Entity

Mayor Scott Fadness
1 Municipal Drive
Fishers, Indiana 46038

With a Copy to:

City Attorney
1 Municipal Drive
Fishers, Indiana 46038

To Sponsor

Brian Shockney, Senior Vice President – System Regional Operations

Indiana University Health

340 W. 10th St.

Indianapolis, IN, 46202

With a Copy to:

IU Health General Counsel

340 W. 10th St.

Indianapolis, IN, 46202

20. Insurance. Sponsor agrees to maintain, on a primary basis and at its sole expense, at all times during the Term, the following coverages and limits. The requirements contained herein, as well as Entity's review or acceptance of insurance maintained by Sponsor is not intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by Sponsor under this Agreement.

Commercial General Liability

Limits of Liability: \$2,000,000 General Aggregate

\$1,000,000 Bodily Injury / Prop. Damage
\$1,000,000 Personal / Advertising Injury
\$1,000,000 Each Occurrence

Comprehensive Auto Liability

Policy Limit: \$500,000

Worker's Compensation & Disability

Statutory Limits

21. Indemnity. Sponsor shall indemnify and hold and save harmless Entity, its officers and its employees, against any loss, damages, liability, claim, action, judgment, settlement, interest, award, penalty, fine, cost, or expenses of whatever kind, including reasonably attorneys' fees arising out of or related to (i) the Sponsor's breach of this Agreement, (ii) Sponsor's negligent or willful misconduct related to Sponsor's rights or responsibilities set forth in this Agreement, (iii) any unfair competition, false advertising, products liability, intellectual property or other claim of any nature resulting from or related to the authorized use, adoption, display of any of Sponsor Trademarks, logos or other materials provided by Sponsor for use by Entity, (iv) Sponsor's unauthorized use of Entity Trademarks, (v) Sponsor's use of the Names and Asset Logos, and (vi) any claim arising from Sponsor's promotion or advertisements.

22. Limitation of Liability. Other than as set forth in Sections 18(b), 21, and 36, under no circumstances shall Entity or Sponsor be liable to the other Party or any other Person for special, incidental, consequential or indirect damages, loss of good will or business profits, or exemplary or punitive damages.

23. Reservation of Rights. All rights not herein specifically granted to Sponsor by Entity shall be and remain the property of Entity to be used in any manner as it may deem appropriate.

24. Representations and Warranties.

a. Representations and Warranties of Sponsor. Sponsor represents and warrants to Entity that: it is a corporation in good standing under the laws of the state of Indiana and is duly authorized to transact business in the state of Indiana; it has the full corporate power and legal authority to enter into and perform this Agreement in accordance with its terms;

all necessary corporate approvals for the execution, delivery, and performance by Sponsor of this Agreement have been obtained, and no consent or approval of any other Person is required for execution of and performance by Sponsor of this Agreement; this Agreement has been duly executed and delivered by Sponsor and constitutes a legal, valid and binding obligation of Sponsor enforceable in accordance with its terms; the execution, delivery and performance of this Agreement by Sponsor will not conflict with its articles of incorporation, by-laws or other charter and governing documents and will not conflict with or result in the breach or termination of, or constitute a default under, any lease, agreement, commitment or other instrument, or any order, judgment or decree, to which Sponsor is a party or by which Sponsor is bound; it owns sufficient right, title and interest in and to the Sponsor Trademarks and to grant to Entity the right and license to use the Sponsor Trademarks as contemplated by this Agreement; and there is no litigation pending or, to the Knowledge of Sponsor threatened against Sponsor which would prevent or hinder the consummation of the transactions contemplated by this Agreement or its obligations hereunder.

b. Representations and Warranties of Entity. Entity represents and warrants to Sponsor that: it has the full power and legal authority to enter into and perform this Agreement in accordance with its terms; the execution and delivery of this Agreement on behalf of Entity has been duly authorized, all necessary approvals for the execution, delivery, and performance by Entity of this Agreement have been obtained; this Agreement has been duly executed and delivered by Entity and constitutes a legal and binding obligation of Entity enforceable in accordance with its terms; all votes, approvals and proceedings required to be taken by or on behalf of Entity to authorize Entity to execute and deliver this Agreement and to perform its covenants, obligations and agreements hereunder have been duly taken; it owns sufficient right, title and interest in and to the Entity Trademarks and to grant to the Sponsor the right and license to use the Entity Trademarks as contemplated by this Agreement; and Entity is authorized to enter into this Agreement and to grant to Sponsor all of the rights, benefits, privileges and Entitlements contemplated to be granted to Sponsor hereunder.

25. Termination and Effect.

a. Default Event by Sponsor. The occurrence of any one more of the following events or actions will constitute a default of this Agreement by the Sponsor ("Sponsor Default"):

- i. Failure to Make Payment. Sponsor fails to pay the Rights Fee, or any other amount required under this Agreement when due, if such failure continues for a period of fifteen (15) days after Entity gives Sponsor written notice of such failure;
- ii. Other Material Breach. Sponsor breaches any other material term or condition, covenant, agreement, representation or warranty made under this Agreement and (A) such breach is not cured by Sponsor within forty-five (45) days following receipt of written notice specifying the nature of such breach, or (B) if such breach cannot be cured within the forty-five (45) day period, Sponsor fails to (i) submit a cure plan reasonably acceptable to Entity and engage in best efforts to remedy such breach within such forty-

five (45) day period and (ii) cure the breach within ninety (90) days following receipt of written notice specifying the nature of such breach;

- iii. Corporate Cessation. Cessation of Sponsor to conduct business, or if Sponsor is subject to any attachment, execution or other judicial seizure or sale of any substantial portion of its assets, which is not discharged or revoked within ten (10) days thereof;
- iv. Insolvency. an Insolvency Event occurs with respect to Sponsor;
- v. Wrongful Assignment. Sponsor's assignment of this Agreement in violation of Section 28;
- vi. Morals. Sponsor (inclusive of its C-Suite employees, officers, directors) (i) commits an offense, or becomes involved in any business or industry, involving moral turpitude under any Laws (ii) does or commits any act or thing, or becomes involved in any business or industry, that, in the reasonable and good faith opinion of the Entity, is immoral, deceptive, scandalous or obscene or will tend to degrade, disparage, or impair the name, reputation, image, goodwill, proprietary rights, or integrity of Sponsor (or by reference or implication, Entity or any Asset); (iii) does, or refrains from doing anything that would prejudice or negatively affect the reputations of Entity, any Asset, or Entity's employees, officers, directors, Affiliates, subsidiaries, or parents; or (iv) becomes involved in any business or industry that prohibits Entity from having a sponsorship relationship under any applicable Laws.

b. Termination Rights and Remedies of Entity. In the event of a Sponsor Default, Entity shall have the right to exercise any one or more of the following remedies:

- i. immediately terminate this Agreement upon written notice to the Sponsor;
- ii. to retain any and all amounts, including, but not limited to, the Rights Fee, that have already been paid as of the date of termination;
- iii. Because the nature of entering into and granting the rights and benefits under this Agreement involves a complex and time-consuming legal and corporate process and, in the event of a Sponsor Default resulting in the early termination of this Agreement, the Entity will incur considerable cost and expense in effectuating a change of the Names and Asset Logos and soliciting and entering into a subsequent presenting sponsorship agreement with a third party; Entity shall have the right to receive from Sponsor liquidated damages equal to the amount of the Rights Fee for one (1) subsequent Contract Year following the date of termination;
- iv. Remove and destroy all Signage or materials displaying or containing Sponsor Marks at the sole cost and expense of Sponsor, as set forth in Section 11(d);

- v. To enforce any other rights provided for herein with respect to such Sponsor Default;
- vi. To seek to recover all damages and other sums available at law or in equity to which it is entitled with respect to such Sponsor Default; and
- vii. To exercise any other right or remedy at law or in equity with respect to such Sponsor Default

c. Default Event by Entity. The occurrence of any one more of the following events or actions will constitute a default of this Agreement by Entity ("Entity Default"):

- i. Material Breach. Entity breaches any material term or condition, covenant, agreement, representation or warranty made under this Agreement and (A) such breach is not cured by Entity within forty-five (45) days following receipt of written notice specifying the nature of such breach, or (B) if such breach cannot be cured within the forty-five (45) day period, Entity fails to (i) submit a cure plan reasonably acceptable to Sponsor and engage in best efforts to remedy such breach within such forty-five (45) day period and (ii) cure the breach within ninety (90) days following receipt of written notice specifying the nature of such breach;
- ii. Morals. Entity (inclusive of its Department Heads and elected officials and members of its boards and commissions) (i) commits an offense, or becomes involved in any business or industry, involving moral turpitude under any Laws (ii) does or commits any act or thing, or becomes involved in any business or industry, that, in the reasonable and good faith opinion of Sponsor, is immoral, deceptive, scandalous or obscene or will tend to degrade, disparage, or impair the name, reputation, image, goodwill, proprietary rights, or integrity of the Entity (or by reference or implication, Sponsor); (iii) does, or refrains from doing anything that would prejudice or negatively affect the reputations of Sponsor or Sponsor's employees, officers, directors, Affiliates, subsidiaries, or parents; or (iv) becomes involved in any business or industry that prohibits Sponsor from having a sponsorship relationship under any applicable Laws.

d. Termination Rights and Remedies of Sponsor. In the event of an Entity Default, Sponsor shall have the right to exercise any one or more of the following remedies:

- i. Immediately terminate this Agreement upon written notice to the Entity;
- ii. To enforce any other rights provided for herein with respect to such Entity Default;
- iii. Seek to recover all damages and other sums available at law or in equity to which it is entitled with respect to such Entity Default; and

- iv. Exercise any other right or remedy at law or inequity with respect to such Entity Default

e. Failure to Terminate. Failure to terminate this Agreement pursuant to this Section shall not constitute a waiver of any remedies the non-defaulting Party would have been entitled to demand in the absence of this Section, whether by way of damages, termination or otherwise.

f. Announcement upon Termination. In the event of any termination of this Agreement, Entity shall have the right to announce in press releases and otherwise that this Agreement is terminated and the reasons for the termination subject to Sponsor's right to examine and to approve or disapprove in writing and in advance, which approval shall not be unreasonably withheld, delayed or conditioned.

26. Waiver. The failure of either Party at any time to demand strict performance by the other Party of any of the terms, covenants or conditions set forth herein shall not be construed as a continuing waiver or relinquishment thereof and each Party may at any time demand strict and complete performance by the other Party of such terms, covenants and conditions.

27. Rights after Expiration or Termination.

a. Upon the expiration or termination of this Agreement, unless stated otherwise in this Agreement, the rights and obligations of the Parties under this Agreement shall cease immediately, including but not limited to, all of the rights of Sponsor to the use of the Names, Official Designation, Entity Trademarks, and Asset Trademarks. Sponsor shall not thereafter make any use whatsoever of the Names, Official Designation, Asset Trademarks, or Entity Trademarks or make any other reference in advertising to any of the Assets or Entity. Notwithstanding the foregoing, however, the Parties may continue to distribute any existing printed materials if such materials were produced and printed only in reasonable anticipation of the requirements of the respective Parties for the Term, however the materials shall not be distributed for longer than thirty (30) days after the expiration or termination of the Term.

b. For the avoidance of doubt, each Party shall retain all right, title, and interest in, and shall have the right to continued use after termination or expiration of this Agreement to, its respective Independent Marks, including, but not limited to, those that are incorporated into the Names and Asset Trademarks. For purposes of clarity, for (i) Entity, this includes, but is not limited to, the Old Asset Logos and Entity Trademarks; and (ii) Sponsor, this includes, but is not limited to, Sponsor Trademarks.

28. Assignment.

a. This Agreement and all rights and Entitlements granted under this Agreement by Entity are personal to Sponsor and shall not be sold, assigned, sublicensed, pledged, encumbered or otherwise transferred (each, a "Transfer"), directly or indirectly, to any Person (including, without limitation, to any Affiliate of Sponsor) without the prior written consent of Entity. Notwithstanding the foregoing, as is contemplated in Section 7 above, certain Entitlements granted to Sponsor under this Agreement may, subject to the mutual agreement of the Parties, be utilized by Riley Children's Health. Entity consents to Sponsor's Transfer of certain

Entitlements to Riley Children's Health, so long as such transferred Entitlements are mutually agreed upon by the Parties. In the event Entity provides prior written consent of a Sponsor Transfer, then, as a condition of Transfer, the transferee shall assume in writing for the benefit of Entity all obligations in respect of the rights assigned or transferred to such acquirer or successor under this Agreement pursuant to an instrument reasonably satisfactory to Entity. Sponsor shall not Transfer this Agreement to an Affiliate of Sponsor, unless, in addition to Entity's prior written consent, Sponsor shall remain responsible for all obligations of Sponsor under this Agreement, and such Transfer shall not relieve Sponsor of any of its obligations under this Agreement. Any attempted Transfer of this Agreement or any of the rights or Entitlements granted under this Agreement, or of a controlling interest in Sponsor, is in violation of this Section shall be void and shall entitle Entity to terminate this Agreement upon written notice of termination.

b. Entity shall have the right to Transfer this Agreement without the consent of Sponsor. In any such event, however, Entity shall provide Sponsor with written notice no later than thirty (30) days before any such Transfer.

c. Any change to the Names as the result of this Section, shall be governed by Sections 4 and 12.

29. **Parties Bound and Benefited.** This Agreement shall bind and benefit the Parties hereto and, as applicable, their respective owners, members, directors, officers, representatives, successors, and assigns.

30. **Force Majeure.** If either Party is delayed, prevented, prohibited, or materially impaired from performing any of its obligations under this Agreement (other than a payment obligation hereunder) as a result of a force majeure event, including, but not limited to, (a) war (including civil war or revolution), invasion, armed conflict, violent act of a foreign enemy, military or armed blockade, or military or armed takeover; (b) riot, insurrection, civil commotion, civil disturbance, or act of terror or sabotage; (c) nuclear explosion or meltdown, or radioactive, chemical or biological contamination; (d) fire, explosion or other serious casualty; (e) severe weather or other natural disasters (including, but not limited to, hurricane force winds, tornadoes, floods, earthquakes, tsunamis, named windstorms, or snow or ice storms); (f) events resulting in the declaration of a state of emergency; (g) governmental restrictions; (h) pandemics, epidemics, public health crisis or emergency; (i) strike, lock-out, or labor dispute; (j) acts of God; or (k) other cause beyond the parties' reasonable control ("**Force Majeure Event**"), then such Party's failure to perform such obligation shall not constitute a breach of this Agreement and such Party shall be excused from performance of such obligation for a period of time equal to the period during which the Force Majeure Event delays, prevents, prohibits, or materially impairs such performance so long as such Party gives the other Party prompt written notice of the cause of the delay. In such event, the Parties will make reasonable efforts to determine sufficient "make good" rights which shall constitute a substitute for the obligations that the restricted Party was delayed, prevented, prohibited, or materially impaired from providing to the other Party as the result of a Force Majeure Event.

31. **Significance of Headings.** Section headings and numbering contained herein are solely for the purpose of aiding in speedy location of subject matter and are not in any sense to be given weight in the construction of this Agreement. Accordingly, in case of any question with respect to

the construction of this Agreement, it is to be construed as though such Section headings had been omitted.

32. Contract Interpretation and Construction. Each Party recognizes that this is a legally binding contract and acknowledges and agrees that they have had the opportunity to consult with legal counsel of their choice. In the event an ambiguity or question of intent or interpretation arises, this Agreement shall be construed as though drafted by both Parties, and no presumption or burden of proof shall arise favoring or disfavoring one Party by virtue of the authorship of any of the provisions of this Agreement.

33. No Joint Venture. This Agreement does not constitute and shall not be construed as constituting a partnership, joint venture or landlord/tenant relationship between Entity or Sponsor. No Party shall have any right to obligate or bind any other Party in any manner whatsoever, and nothing herein contained shall give, or is intended to give, any rights of any kind to any third persons. This Agreement does not and will not be construed to entitle either Party or any of their respective employees to any benefit, privilege, or other amenities of employment by the other.

34. Governing Law and Jurisdiction. This Agreement shall be governed by and interpreted in accordance with the laws of the state of Indiana, without giving effect to the principles of conflict of laws. Any dispute regarding this Agreement shall only be brought in a state or federal court of competent jurisdiction in the state of Indiana. Each Party hereby irrevocably submits to the exclusive jurisdiction of any such court for purposes of any action arising out of this Agreement. Sponsor agrees not to challenge this Section, and not to attempt to remove any legal action outside of Indiana for any reason.

35. Public Statements. Neither Entity nor Sponsor shall directly or indirectly make or encourage the making of any defamatory or disparaging statements about the other, or any statements that could reasonably be expected to impact negatively on the name, business or reputation of either Party. The Parties agree to consult and cooperate with each other with respect to the timing, content, and form of any media statements, press releases or other public disclosures (the "Public Statements") made by either Party related to performance under this Agreement. Each Party further agrees that any such Public Statement will be made in furtherance of the good faith performance of this Agreement and the contractual relationship of the Parties.

36. Confidentiality. Sponsor certifies and agrees that all information communicated to it by Entity and its agents, whether before or after the Effective Date, has been and will continue to be treated as confidential, has been and will continue to be used only for purposes of this Agreement, and has not been and will not be disclosed by Sponsor without the prior written consent of Entity, except as may be necessary by reason of legal, accounting or regulatory requirements beyond the control of Sponsor.

37. Public Records. All Parties hereto acknowledge that Entity is a political entity in the State of Indiana and as such is subject to the Indiana Access to Public Records Act and other Laws related to the keeping and access to public records.

38. Subservience. Notwithstanding anything to the contrary contained in this Agreement, this Agreement (as clarification, including, without limitation, all rights, benefits and any

exclusivities) is subject in all respects to all applicable Laws, including, but not limited to, the Indiana Code and Fishers Municipal Code and all present and future contracts entered into by, all other entities, governing bodies or organizations having jurisdiction over the rights and benefits granted to Sponsor herein.

39. No Third Party Beneficiaries. This Agreement shall not confer any rights or remedies upon any Person other than the Parties hereto and their respective successors and permitted assigns.

40. Severability. If any provision of this Agreement is held to be illegal, invalid, or unenforceable under any present or future Law: (a) the Parties shall substitute for the affected provision a legal, valid, and enforceable provision which approximates the intent and economic effect of the affected provision as nearly as possible; (b) such provision shall be fully severable; (c) if the Parties cannot substitute a replacement provision as described in (a) above, this Agreement shall be construed and enforced as if such illegal, invalid or unenforceable provision had never comprised a part hereof; and (d) the remaining provisions of this Agreement shall remain in full force and effect and shall not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement.

41. Entire Agreement; Amendment. This Agreement, including all exhibits hereto, constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements and understandings. All representations and negotiations relative to the matters contemplated by this Agreement are merged herein, and there are no contemporaneous understandings or agreements relating to the matters set forth herein other than those incorporated herein. Additionally, this Agreement may not be amended, changed, or modified except by a writing signed by both Parties, or their respective successors or assigns.

42. Survival. The provisions of this Agreement, which by their nature should apply beyond their terms, will remain in force after any termination or expiration of this Agreement including, but not limited to, Sections 18(b) and 21. In addition, any payment obligation of either Party that (a) accrues or arises prior to or at the time of expiration or earlier termination of this Agreement and (b) that is contemplated under the terms of this Agreement to be paid after such expiration or earlier termination shall survive such expiration or earlier termination until paid.

43. Counterparts and Facsimile/Electronic Execution. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of which, taken together, shall constitute one and the same instrument. The execution of counterparts shall not be deemed to constitute delivery of this Agreement by any Party until each of the Parties has executed and delivered its respective counterpart. Delivery of an executed counterpart of a signature page of this Agreement (and each amendment, modification and waiver in respect of it) by facsimile or other electronic transmission, including email, shall be as effective as delivery of a manually executed original counterpart of each such instrument.

44. Annual Review. The Parties agree that once per Contract Year, representatives of each Party shall meet to assess the partnership and discuss any outstanding issues as it relates to the Parties' performance under this Agreement. The Parties agree to work in good faith to resolve any issues that may be discussed at the annual review meeting. The Parties will also discuss any new opportunities that may be incorporated into the partnership.

45. Exhibits. Although the exhibits attached hereto are incorporated herein as if fully set forth, to the extent any exhibits conflict with the body of this Agreement, the body of this Agreement shall control.

[Signatures Page Follows]

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed by their duly authorized officers and/or officials and agree to be bound by its terms.

ENTITY

By: 
Name: Scott Fadness
Title: Mayor
Date: 1-28-2025

SPONSOR

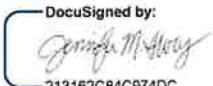
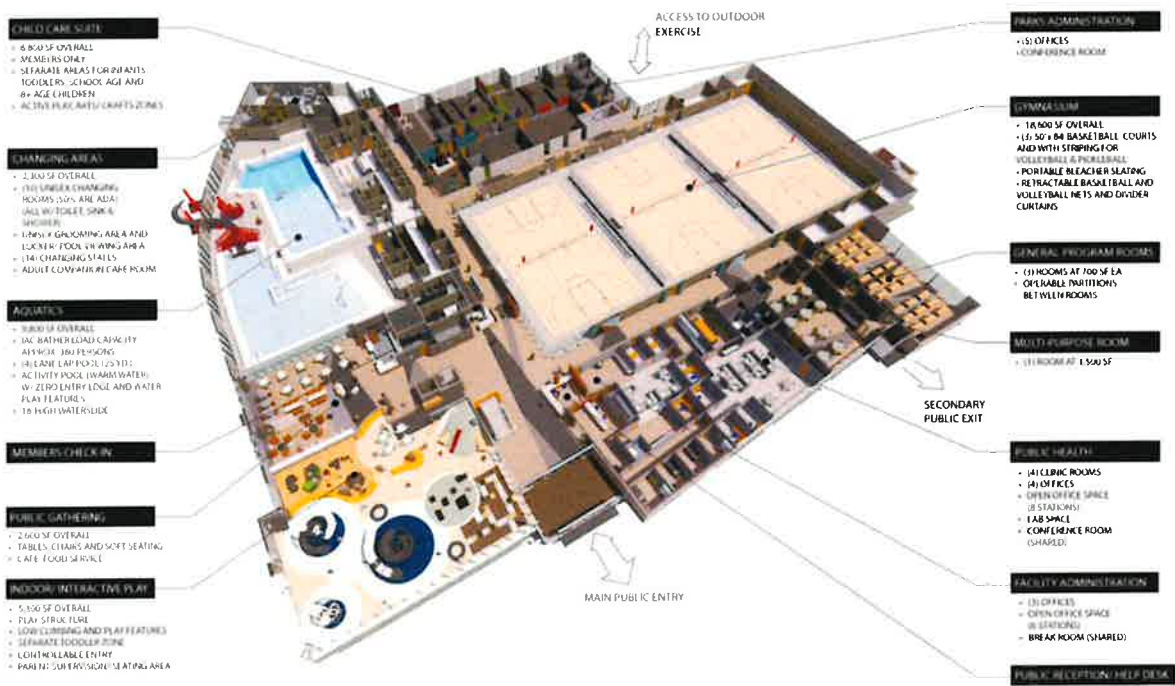
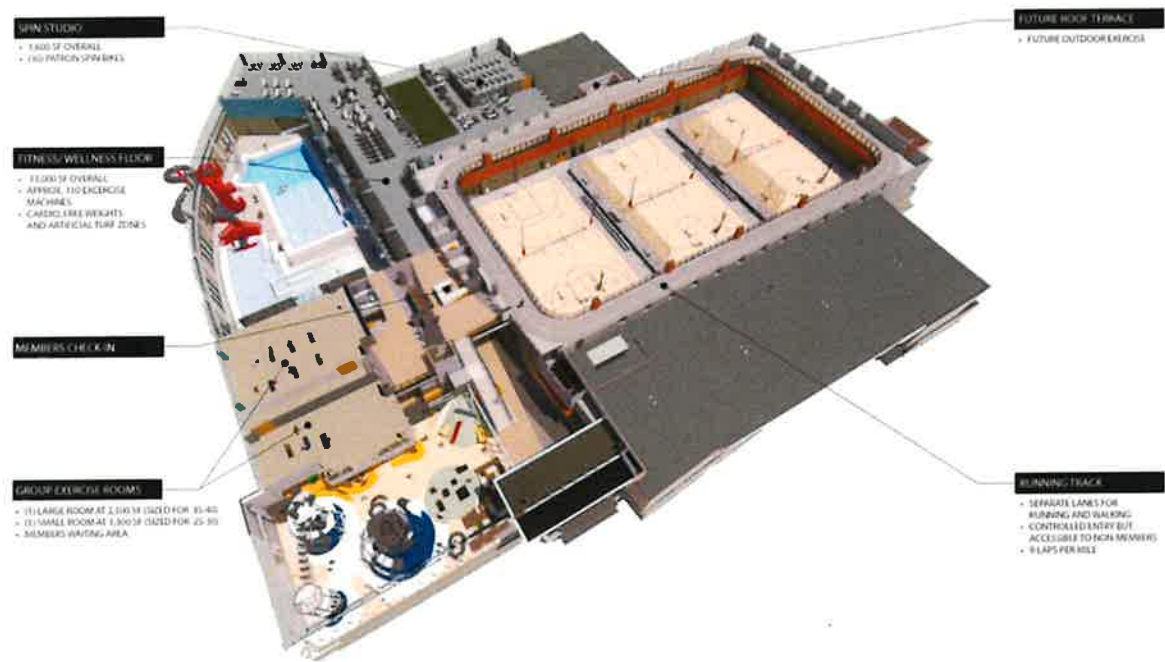
By: 
Name: Jennifer Alvey
Title: CFO
Date: 1/24/2025

Exhibit A-1
Facility Renderings







Initial Facility Signage

Entity shall be responsible for paying all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of the following initial Facility Signage:

- Monumental sign, located at entry to Facility campus, with size of signage and design to be as determined by the Parties - approximately 4' high and 20' long with dimensional lettering and lighting. "Fishers Community Center" letters will be approximately 28" high, stacked; "Strengthened by IU Health" letters will be approximately 12.25" high, stacked;
- Signage on the front masonry face of the Facility, with size of signage and design to be as determined by the Parties - with dimensional lettering and ground lighting. "Fishers Community Center" letters will be approximately 52" high, stacked; "Strengthened by IU Health" letters will be approximately 14.25" high, stacked;
- Any initial Signage placed by Entity referring to the Facility; all initial Signage placed by Entity shall bear the Facility Name, Facility Logo, and/or Sponsor ID, as determined by the Parties.
- Grand lobby signage on bulkhead over reception desk, with size of signage and design to be as determined by the Parties with dimensional lettering preferred. "Fishers Community Center" letters approximately 52" high, stacked; and "Strengthened by-IU Health trident logo at TBD proportionate size
- Signage on the west wall of the member entry on the second floor. Size of the signage and design to be as determined by the Parties with "Fishers Community Center" letters approximately 19" high, stacked; "Strengthened by" approximately 3.5" high and IU trident logo approximately 10.5" high.
- Signage on wall south of entry to pools, above drinking fountains. Size of signage and design to be as determined by the Parties. "Fishers Community Center" letters approximately 32" high, stacked. "Strengthened by" letters approximately 5.25" high, and IU trident logo approximately 17" tall.
- Signage on main lobby glass wall looking into playground; signage to be low eye level, vinyl wall graphic, reading "Where Will Your Wagon Take You Today?"; with size of signage and design as determined by the Parties.
- Signage on second floor group exercise hard surface wall directly above the playground; signage to consist of Riley Children's Health wagon/IU trident lockup logo; signage to be a vinyl wall graphic with size of signage and design to be determined by the Parties. Parties agree to use reasonable efforts to have signage visible through glass in lobby and building exterior.
- Signage located on half wall inside of the playground; signage to be vinyl wall graphic; signage to consist of various, small, red wagon decals placed in locations and at a frequency as determined by the Parties.
- Signage located on walking track wall; signage to be a vinyl wall graphic, reading "Fishers Community Center Strengthened by" with IU trident logo; size of signage and design to be as determined by the Parties.

Exhibit A-2
AgriPark Map



- Existing monument and directional signage for the AgriPark to be updated with the Strengthened by IU Health + trident language in a material appropriate for the sign type

Exhibit A-3

Nickel Plate Trail Map



- Existing anchor/gateway and street intersection signage for the Nickel Plate Trail to be updated with the Strengthened by IU Health + trident language in a material appropriate for the sign type

Exhibit B

Entitlements

Category Exclusivity

- Exclusivity across all Assets, subject to the terms of this Agreement, in the healthcare system category.

Official Designation

- Designation as the “Official Health and Wellness Partner” of the Facility, Fishers Farmer’s Market, Fishers Nickel Plate Trail, Spark! Fishers 5K, and the AgriPark.

Launch Campaign

- Entity will organize a presenting sponsorship public relations and marketing campaign regarding the partnership between the Parties.
 - Contents of marketing materials and events (including, for example, press releases, ribbon cutting events, announcements, and the like) to be mutually agreed upon by the Parties.
 - As it pertains to the launch campaign, Sponsor will review and approve all marketing and press release materials within five (5) business days of receipt from Entity, with approval not to be unreasonably withheld.
 - A Sponsor representative shall be included in all public-facing campaign pieces (including, for example, quotes in press releases, and involvement in ribbon cutting)
 - Partnership between the Parties to be referred to as a “Health and Wellness Partnership” in launch campaign marketing materials, when possible.

Facility Presenting Sponsorship Rights

- Exclusive presenting sponsor of the Facility, the “Fishers Community Center Strengthened by IU Health”
- Exterior Signage
 - Facility Name, Facility Logo, and/or Sponsor ID included on exterior, marquee signage of the building
 - Facility Logo, Facility Name, and/or Sponsor ID recognition on permanent entrance signage to the Facility
 - Facility Name and/or Facility Logo on Entity directional signage leading up to the Facility
- Interior Signage
 - Facility Logo, Facility Name, and/or Sponsor ID included on interior signage and placards for the Facility, including the lobby entry and exit signs, locker rooms,

fitness areas, aquatics facility, multi-purpose rooms, basketball courts, and other interior locations as mutually agreed upon by the Parties.

- Digital and Print Assets
 - Facility Logo, Facility Name, and/or Sponsor ID on all Facility schedules and program marketing materials; provided, however, such right shall not extend to the materials of third-parties unaffiliated with Entity.
 - Facility Logo, Facility Name, and/or Sponsor ID on Fishers Parks website
 - Facility Logo, Facility Name, and/or Sponsor ID on Facility website
 - Facility Name and/or Facility Logo and messaging on Fishers Parks social media platforms
 - One (1) mention per month on Fishers Parks social media platforms. Messaging of posts to be mutually agreed upon by the Parties.
 - Facility Name and/or Facility Logo on Fishers Parks e-newsletters
 - One (1) Facility Name and/or Facility Logo inclusion per week, with hyperlink to Sponsor website
 - Fishers Parks to send one (1) quarterly email to Facility members with a standalone advertisement/message on behalf of Sponsor. Contents of the quarterly email is to be approved in advance by Entity.
- On-Site Activation
 - Sponsor shall have the opportunity to place a physical, red wagon or other playground element in the Facility playground, with the timing of the installation of the playground element to be mutually agreed upon by the Parties. Sponsor shall bear all costs and expenses associated with the design, permitting, preparation, production, delivery, mounting and installation of the playground element. The form, size, and location of the physical element to be mutually agreed upon by the Parties.
 - Mutually agreed upon Sponsor activations inside or outside of the Facility lobby. Frequency, contents, and location of such on-site activations to be mutually agreed upon by the Parties.
 - Use of Facility rental space up to four (4) times per Contract Year in the areas that are publicly available for rental (as distinguished from the entire Facility).
 - Dates, times, and specific space shall be based on availability and mutually agreed upon by the Parties.
 - The rental fee shall be waived for the above uses, but Sponsor shall be responsible for all other costs, including, without limitation, staffing, tech, and food and beverage.
 - If the use rights included in this section are not exhausted in any Contract Year, such rights shall expire at the end of such Contract Year and shall not rollover into any subsequent Contract Year.
 - Sponsor messaging and program integration where applicable from time-to-time such as community-hosted events, providing healthy tips messaging to patrons, and other messaging and program integration to be mutually agreed upon by the Parties.
 - Sponsor given the opportunity to host monthly community education events for Fishers' residents at Facility in an area of the Facility that does not require the residents to pay a membership fee.

- Dates, times, and specific space shall be based on availability and mutually agreed upon by the Parties.
- Sponsor has ability to have the Facility serve as the host site for the IU Health Fresh and Fit program, with the details of the program to be mutually agreed upon by the Parties.
- Sponsor employees will have the ability to purchase memberships to the Facility at a discounted rate, with such rate to be mutually agreed upon by the Parties.

AgriPark Presenting Sponsorship Rights

- Exclusive presenting sponsor of the AgriPark, the “Fishers AgriPark Strengthened by IU Health”
- Exterior Signage
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID inclusion on all AgriPark entry signs
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID included on exterior signage on AgriPark greenhouse, barn and interiors
 - AgriPark Name and/or AgriPark Logo inclusion on all Fishers’ directional signage throughout the AgriPark.
- Digital and Print Assets
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID on all AgriPark schedules, program collateral, and marketing materials; provided, however, such right shall not extend to the the materials of third-parties unaffiliated with Entity.
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID on Fisher Parks website
 - AgriPark Name, AgriPark Logo, and/or Sponsor ID on AgriPark website
 - AgriPark Name and/or AgriPark Logo and messaging on Fishers Parks social media platforms
 - One (1) mention per month on Fishers Parks social media platforms during the months that the AgriPark is open to the public. Messaging of posts to be mutually agreed upon by the Parties.
 - AgriPark Name and/or AgriPark Logo inclusion in Fishers Parks e-newsletters
 - One (1) Sponsor ID inclusion per week, with hyperlink to Sponsor website.
- On-Site Activation
 - Mutually agreed upon Sponsor activations at the AgriPark. Frequency, contents, and location of activations to be mutually agreed upon by the Parties.
 - Use of AgriPark up to two (2) times per Contract Year.
 - Dates, times, and specific space shall be based on availability and mutually agreed upon by the Parties.
 - The rental fee shall be waived for the above uses, but Sponsor shall be responsible for all other costs, including, without limitation, staffing, tech, and food and beverage.
 - If the use rights included in this section are not exhausted in any Contract Year, such rights shall expire at the end of such Contract Year and shall not rollover into any subsequent Contract year.

- Sponsor logo to be included on materials for the free “you pick” program feeding the community as well as on packaging for food donated to the non-profit organizations associated with the AgriPark
 - Parties to collaborate on messaging and public relations opportunities related to the “you pick” program
- Sponsor seasonal messaging and program integration where applicable such as health diet messaging, and other seasonal messaging and program integration as mutually agreed upon by the Parties.
- Sponsor employees to receive discounted rate for any fees or admission rates for any paid admission events at the AgriPark, with such rates to be mutually agreed upon by the Parties.

Nickel Plate Trail Presenting Sponsorship Rights

- Exclusive “Strengthened by” reference to the name of the City of Fishers’ portion of the Nickel Plate Trail, the “Nickel Plate Trail Strengthened by IU Health”
- Signage
 - Trail Logo, Trail Name, and/or Sponsor ID on all trail markers (12 total trail markers as of the Effective Date)
 - Trail Logo, Trail Name, and/or Sponsor ID on all trail maps
 - Opportunity to collaborate on additional signage recognition and Sponsor ID integration on the trail
 - Trail Name, Trail Logo, and/or Sponsor ID at the downtown Fishers trail hub and pedestrian trail
 - Opportunity to collaborate on future event programming with Fishers Parks to be mutually agreed upon by the Parties (for example, community runs, running programs, and/or other mutually agreed upon programs).
- Digital and Print Assets
 - Sponsor presenting partner recognition on all Nickel Plate Trail schedules, program collateral, and marketing materials, as applicable.
 - Trail Logo, Trail Name, and/or Sponsor ID on Fishers Parks website
 - Trail Logo, Trail Name, and/or Sponsor ID on Play Fishers website
 - Sponsor presenting partner recognition and messaging on Fishers Parks social media platforms
 - One (1) mention per month on Fishers Parks social media platforms. Messaging of posts to be mutually agreed upon by the Parties.
 - Sponsor presenting partner recognition in Fishers Parks e-newsletters
 - One (1) Sponsor inclusion per week, with hyperlink to Sponsor website

Fishers Parks Event Partnerships

- Farmers Markets
 - Exclusive presenting sponsor of the Fishers Farmers Market, the “Fishers Farmers Market Strengthened by IU Health”
 - Category exclusivity for sponsorship at Saturday farmers market in the healthcare system category.

- Sponsor inclusion in fifteen (15) social media posts from Entity social media accounts per Contract Year promoting the Fishers Farmers Market. Messaging of the posts to be mutually agreed upon by the Parties.
- Sponsor recognition in Fishers Farmers Market press release
- Sponsor ID and Sponsor hyperlink inclusion on Fishers Farmers Market website
- Sponsor ID inclusion on all published materials promoting the Fishers Farmers Market
- 10' x 10' activation space at all Saturday morning markets. Contents of activation and specific activation space to be mutually agreed upon by the Parties.
 - Includes ability for Sponsor to share or give the booth space to Sponsor not-for-profit partners. Not-for-profit partners must be approved by Fishers Parks prior to on-site activation, with approval to be at Fishers Parks' sole discretion.
- Sponsor ID on event signage at Saturday farmers markets
- Sponsor ID inclusion on reusable shopping bags produced by Fishers Parks
- Spark! Fishers 5K
 - Sponsor designation as a platinum level sponsor of the Spark! Fishers 5K
 - Sponsor to be named in the official Spark! Fishers press release
 - Sponsor ID and Sponsor hyperlink inclusion on Spark! Fishers website
 - Sponsor inclusion in eight (8) social media posts on Entity social media accounts per Contract Year promoting Spark! Fishers, with messaging of posts to be mutually agreed upon by the Parties.
 - Sponsor included as a "co-host" on the official Facebook Spark! Fishers 5K page
 - Sponsor recognition on four (4) Entity e-mail blasts per Contract Year, promoting the Spark! Fishers 5K.
 - Prominent Sponsor ID placement on Spark! Fishers staff shirts, volunteer shirts, and all 5K shirts and 5K bibs.
 - Sponsor ID on signage at the race start and finish lines
 - Sponsor recognition during opening announcements, with an opportunity for a Sponsor representative to speak during the opening announcements.
 - Sponsor to be provided with activation space at Spark! Fishers 5K and Spark! Fishers 5K after-party. Activation space, contents, and location to be mutually agreed upon by the Parties.
 - Sponsor to receive a total of twenty (20) free registrations to each year's race for use by Sponsor employees
 - Opportunity for parade entry and Spark Street festival booth space. Location and size of the booth shall be as mutually agreed upon by the Parties.
 - Includes ability for Sponsor to share or give booth space to Sponsor not-for-profit partners. Not-for-profit partners must be approved by Fishers Parks prior to on-site activation, with approval to be at Fisher Parks' sole discretion.

Exhibit C
Payment Chart

Contract Year	Rights Fee
Contract Year 1	\$250,000.00
Contract Year 2	\$450,000.00
Contract Year 3	\$461,250.00
Contract Year 4	\$472,781.25
Contract Year 5	\$484,600.78
Contract Year 6	\$496,715.80
Contract Year 7	\$509,133.70
Contract Year 8	\$521,862.04
Contract Year 9	\$534,908.59
Contract Year 10	\$548,281.30
Contract Year 11	\$561,988.34
Contract Year 12	\$576,038.04
Contract Year 13	\$590,439.00
Contract Year 14	\$605,199.97
Contract Year 15	\$620,329.97
Extended Term (if exercised)	
Contract Years 16 and beyond	If the Term of this Agreement is extended beyond Contract Year 15 in accordance with Section 3(b), the Rights Fee for the Extended Term beyond Contract Year 15 shall be memorialized by the Parties as set forth in Section 8.



City of Fishers Board of Public Works & Safety Board Action Form

MEETING DATE	1/28/25	RESOLUTION NO.	R012825A
TITLE OF AGENDA ITEM	Request to Approve 2025 Property and Casualty Insurance Renewal		
PRESENTER/DEPARTMENT	Lisa Bradford, Controller		
BACKGROUND - Description of item being presented. - Description of previous actions by the Board for this project, include previous Resolution No. - Other parties involved. - Were quotes/bids received? How many? - Attach all quotes/bids - If a special purchase, the basis of special purchase. - Other justification for approval of item.	The City of Fishers property and casualty insurance broker, MJ Insurance, has engaged the marketplace for the City's 2025 insurance needs. Following this outreach and analysis, MJ is recommending the attached renewal proposal, retroactive from 1/1/2025 to 12/31/2025. The attached renewal does not include Workers Compensation Insurance as this policy has a 3/1 renewal date. Total renewal premium is just over \$1.5 million, compared to '24 renewal of just over \$1.3 million. Over half the increase is related to an increase in the auto premium. This is due to the total number of vehicles in the City's fleet increasing, the increased value of the vehicles to insure for full replacement value, and a higher number of auto incidents. As an example, the City had 458 units covered for its 1/1/2023 renewal and for our 1/1/25 renewal, we have 492 units, an increase of 34 units. Increases to the general liability and property premiums are due to the increased overall budget of the City and the continued increase in property values in the City, especially with the new Arts & Municipal Complex now being open.		
EXPENDITURE \$	\$1,547,989		
BUDGETED \$	\$2,160,000 (includes workers compensation renewal)		
PUBLIC HEARING REQUIRED	☐ Yes		
AMENDMENT TO ORDINANCE (SCHEDULE CHANGE)	☐ Yes		
CONTRACTS/AGREEMENTS (Contracts include other similar documents such as agreements and memorandum of understandings.)	☐ Contract or Agreement (Equipment, Supply, Public Works, Professional Services, etc.) - Over \$50,000 ☐ Contract or Agreement - Other (Utility Reimbursement Agreements, BOT Agreements, Grant Agreements, etc)		
HAMILTON COUNTY RECORDER	☐ Document must be recorded with the County Recorder's Office by the BPW&S Clerk. ☐ Document does not need recorded with the County Recorder's Office by the BPW&S Clerk.	☐ Document will be recorded by another party. Name of person or entity recording the document: _____	
BUDGET INFORMATION	Expense Account: Current Available Budget: Controller's Office Approval:	10101011, 60601011, 62601011 43100 \$2,160,000 (includes W/C) Yes included in 2025 Budget as noted	

RESOLUTION NO. R012825A

**A RESOLUTION OF THE CITY OF FISHERS, INDIANA, BOARD OF PUBLIC
WORKS & SAFETY APPROVING THE CITY'S 2025 PROPERTY & CASUALTY
INSURANCE COVERAGE**

WHEREAS, the City of Fishers, Hamilton County, Indiana (“City”) purchases and maintains property & casualty, inland marine, general liability, public official, law enforcement, automobile, umbrella, cyber and crime, fiduciary, and other miscellaneous insurance coverage for the protection of the City (“Insurance”);

WHEREAS, through its insurance consultant and broker, M.J. Insurance, the City solicits annual proposals for Insurance;

WHEREAS, after reviewing its 2025 proposals, M.J. Insurance has recommended that the City renew its Insurance policy with its current carrier, The Selective Insurance Company, as more particularly described in the Insurance Program Renewal Quote, which is attached hereto and incorporated herein as Exhibit A; and

WHEREAS, the City now desires to renew its Insurance policy with The Selective Insurance Company for the combined annual premium of \$1,547,989 as more particularly described in the Insurance Program Renewal Quote.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY MEETING IN REGULAR SESSION AS FOLLOWS:

- Section 1.** The Board of Public Works & Safety hereby approves the Insurance Program Renewal Quote, attached hereto and incorporated herein as Exhibit A, and authorizes the City to renew its Insurance with The Selective Insurance Company.
- Section 2.** The Board hereby designates the Mayor or his designee to execute any and all documents necessary to effectuate The Insurance Program Renewal Quote and renewed insurance policy with The Selective Insurance Company.
- Section 3.** This Resolution is of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED BY THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY THIS 28th DAY OF JANUARY, 2025.

**BOARD OF PUBLIC WORKS & SAFETY
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		

ATTEST: _____ DATE: _____

Kari Adriano, Board Clerk



This instrument prepared by: Lindsey M. Bennett, Corporation Counsel, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in
this document, unless required by law." /s/ Lindsey M. Bennett

City of Fishers
Exhibit A
Insurance Summary
2025

Exhibit I - 2025 v. 2024

	2024	2025 Proposed	Incr/(Decr) from Prior Year	% Incr/(Decr)
Auto	423,530	536,056	112,526	26.57%
General Liability	150,528	174,000	23,472	15.59%
Property	285,577	324,748	39,171	13.72%
Umbrella - \$15 mill	103,849	125,134	21,285	20.50%
Inland Marine	49,345	52,965	3,620	7.34%
Police Professional	84,392	83,063	(1,329)	-1.57%
Public Officials	44,123	44,316	193	0.44%
Abuse/Molestation	1,320	1,980	660	50.00%
Pesticide/Herbicide	661	661	-	0.00%
Volunteer Services (FD)	1,811	1,740	(71)	-3.92%
AgriPark Casualty	3,024	3,024	-	0.00%
Fiduciary Liability	5,999	5,999	-	0.00%
\$3M Cyber/\$500k Crime	69,303	69,303	-	0.00%
Insurance Fee	125,000	125,000	-	0.00%
	<u>1,348,462</u>	<u>1,547,989</u>	<u>199,527</u>	<u>14.80%</u>

RESOLUTION NO. R012825A

**A RESOLUTION OF THE CITY OF FISHERS, INDIANA, BOARD OF PUBLIC
WORKS & SAFETY APPROVING THE CITY'S 2025 PROPERTY & CASUALTY
INSURANCE COVERAGE**

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WHEREAS, through its insurance consultant and broker, M.J. Insurance, the City solicits annual proposals for Insurance;

WHEREAS, after reviewing its 2025 proposals, M.J. Insurance has recommended that the City renew its Insurance policy with its current carrier, The Selective Insurance Company, as more particularly described in the Insurance Program Renewal Quote, which is attached hereto and incorporated herein as Exhibit A; and

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- Section 3.** This Resolution is of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED BY THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY THIS 28th DAY OF JANUARY, 2025.

**BOARD OF PUBLIC WORKS & SAFETY
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		

ATTEST: Kari Adriano DATE: 1/28/25

Kari Adriano, Board Clerk



This instrument prepared by: Lindsey M. Bennett, Corporation Counsel, City of Fishers, Hamilton County, Indiana, One Municipal Drive, Fishers, Indiana, 46038

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." /s/ Lindsey M. Bennett

City of Fishers
Exhibit A
Insurance Summary
2025

Exhibit I - 2025 v. 2024

	2024	2025 Prpposed	Incr/(Decr) from Prior Year	% Incr/(Decr)
Auto	423,530	536,056	112,526	26.57%
General Liability	150,528	174,000	23,472	15.59%
Property	285,577	324,748	39,171	13.72%
Umbrella - \$15 mill	103,849	125,134	21,285	20.50%
Inland Marine	49,345	52,965	3,620	7.34%
Police Professional	84,392	83,063	(1,329)	-1.57%
Public Officials	44,123	44,316	193	0.44%
Abuse/Molestation	1,320	1,980	660	50.00%
Pesticide/Herbicide	661	661	-	0.00%
Volunteer Services (FD)	1,811	1,740	(71)	-3.92%
AgriPark Casualty	3,024	3,024	-	0.00%
Fiduciary Liability	5,999	5,999	-	0.00%
\$3M Cyber/\$500k Crime	69,303	69,303	-	0.00%
Insurance Fee	125,000	125,000	-	0.00%
	<u>1,348,462</u>	<u>1,547,989</u>	<u>199,527</u>	<u>14.80%</u>



City of Fishers Board of Public Works & Safety

Board Action Form

MEETING DATE	01/28/25	RESOLUTION NO.	R012825C
TITLE OF AGENDA ITEM	Request to Approve Special Purchase of Street Lights for 136th St. and 116th/Allisonville Rd proj		
PRESENTER/DEPARTMENT	Rich Bassett - Engineering Department		
BACKGROUND - Description of item being presented - Description of previous actions by the Board for this project, include previous Resolution No. - Other parties involved - Were quotes/bids received? How many? Attach all quotes/bids - If a special purchase, the basis of purchase - Other justification for approval of item - Budget for this project item, was this over or under budget?	The City of Fishers Engineering Department is working on multiple capitol improvement projects namely 136th St widening from Southeastern to Prairie Baptist Rd and from Prairie Baptist Rd to Cyntheanne Rd as well as the 116th St and Allisonville Rd roundabout. The City seeks to purchase 41 Street Lights directly from TWG Infrastructure Solutions in the amount of Three Hundred Seventy Four Thousand, Four Hundred and Fifty Six Dollars and 00/100 (\$374,456.00), which will allow the City to recognize a savings of approximately Thirty Four Thousand, One Hundred Eighty Six Dollars and 64/100 (\$34,186), all as more particularly described in Exhibit A, attached hereto and incorporated herein (the "Special Purchase")		
PUBLIC HEARING REQUIRED	☐ Yes		
AMENDMENT TO ORDINANCE (SCHEDULE CHANGE)	☐ Yes		
CONTRACTS/AGREEMENTS (Contracts include other similar documents such as agreements and memorandum of understandings.)	☒ Contract or Agreement – Purchase of Equipment or Supply over \$50,000 ☐ Contract or Agreement - Public Works Project over \$50,000 ☐ Contract or Agreement – Other (Utility Reimbursement Agreements, BOT Agreements, Grant Agreements, etc)		
HAMILTON COUNTY RECORDER	☐ Document must be recorded with the County Recorder's Office ☐ Wait 31 days prior to filing with the County Recorders' Office	☒ Document does not need recorded with the County Recorder's Office/Document will be recorded by another party Who is recording the document? _____	
BUDGET INFORMATION	Expense Account: Current Available Budget: Controller's Office Approval:	136th St widening (Des#'s1902786,1802931) ar Yes	

RESOLUTION NO. R012825C

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING THE SPECIAL PURCHASE OF STREET LIGHTS

WHEREAS, the City of Fishers, Hamilton County, Indiana (“City”), seeks to purchase street lights for the 136th Street widening projects and the 116th St/Allisonville Rd roundabout (“Street Lights”).

WHEREAS, the City seeks to purchase the Street Lights directly from TWG Infrastructure Solutions in the amount of Three Hundred Seventy Four Thousand, Four Hundred and Fifty Six Dollars and 00/100 (\$374,456.00), which will allow the City to recognize a savings of approximately Thirty Four Thousand, One Hundred Eighty Six Dollars and 00/100 (\$34,186), all as more particularly described in Exhibit A, attached hereto and incorporated herein (the “Special Purchase”)

WHEREAS, pursuant to Ind. Code §5-22-10-5, the City can make a special purchase without competitive bidding when there exists a unique opportunity to obtain supplies or services at a substantial savings to the City;

WHEREAS, pursuant to Ind. Code §5-22-10-12, a purchasing agent may make a special purchase when the market structure is based on price but the governmental body is able to receive a dollar or percentage discount of the established price; and

WHEREAS, the City now desires to approve the Special Purchase as further described herein.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY MEETING IN REGULAR SESSION AS FOLLOWS:

- Section 1.** The Board of Public Works & Safety hereby approves the Special Purchase with TWG Infrastructure Solutions in the amount of \$374,456.00, as more specifically described in Exhibit A, attached hereto and incorporated herein.
- Section 2.** The Board hereby designates the Mayor or Director of Engineering to execute the Special Purchase and any and all documents necessary to effectuate its intent.
- Section 4.** This Resolution shall be of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED, by the City of Fishers Board of Public Works & Safety this 28th day of January, 2025.

**BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

This instrument prepared by: Lindsey M. Bennett, City Attorney, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

““I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in
this document, unless required by law.” /s/ Lindsey M. Bennet

Date: Jan 22, 2025

Quote: LSOI25-17743-8

Quote
Page 1/2



TWG Infrastructure Solutions
(Formerly Lighting Solutions of IL)
401 S. Carlton Avenue
Wheaton IL 60187
Phone: (630) 462-0230
Fax: (630) 462-9077
From: Kevin Bates
Quoter Ph:
Email:

Project Location City of Fishers Light Poles-IN
Quote LSOI25-17743-8

To: Rich Bassett
City of Fishers
3 Municipal Drive
Fishers IN 46038
Email: bassetttr@fishers.in.us

For
Bid Date Jan 22, 2025
Expires Feb 16, 2025

QTY	Type	MFG	Part	Price	UQ	ExtPrice
10		VSDT	LIGHT POLE ASSEMBLY W/ SINGLE 12 FT. ALHAMBRA ARM w/ Spring City fixture, Cast Iron base, anchor bolts, fp/gv	\$7,760.00		\$77,600.00
31		VSDT	LIGHT POLE ASSEMBLY W/ TWIN 12 FT. ALHAMBRA ARM w/ Spring City fixture, Cast Iron base, anchor bolts, fp/gv	\$9,576.00		\$296,856.00
Total:						\$374,456.00

Notes:

PLEASE REFER TO THIS QUOTE # WHEN ORDERING

LEAD TIME 15-18 WEEKS

VALMONT DRAWING # IN 600129P1 (Pole adjusted to 26 ft height)

SP CITY DRAWING # FIX-29152

GFI INCLUDED

Terms and conditions of sale:

If anchor bolts are included and pre-shipment is required, contact our office.

NO labor charge back will be paid without prior authorization from the factory.

Manufacturer's standard freight terms apply.

Freight claims are the responsibility of the customer.

Pricing and freight are based upon receiving an order for the entire BOM quoted above. Any deviation will result in a requote.

No liquidated damages will be accepted based upon material delivery delays

If a structural stamp is required with the submittals, contact our office.

RESOLUTION NO. R012825C

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING THE SPECIAL PURCHASE OF STREET LIGHTS

WHEREAS, the City of Fishers, Hamilton County, Indiana (“City”), seeks to purchase street lights for the 136th Street widening projects and the 116th St/Allisonville Rd roundabout (“Street Lights”).

WHEREAS, the City seeks to purchase the Street Lights directly from TWG Infrastructure Solutions in the amount of Three Hundred Seventy Four Thousand, Four Hundred and Fifty Six Dollars and 00/100 (\$374,456.00), which will allow the City to recognize a savings of approximately Thirty Four Thousand, One Hundred Eighty Six Dollars and 00/100 (\$34,186), all as more particularly described in Exhibit A, attached hereto and incorporated herein (the “Special Purchase”)

WHEREAS, pursuant to Ind. Code §5-22-10-5, the City can make a special purchase without competitive bidding when there exists a unique opportunity to obtain supplies or services at a substantial savings to the City;

WHEREAS, pursuant to Ind. Code §5-22-10-12, a purchasing agent may make a special purchase when the market structure is based on price but the governmental body is able to receive a dollar or percentage discount of the established price; and

WHEREAS, the City now desires to approve the Special Purchase as further described herein.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY MEETING IN REGULAR SESSION AS FOLLOWS:

- Section 1.** The Board of Public Works & Safety hereby approves the Special Purchase with TWG Infrastructure Solutions in the amount of \$374,456.00, as more specifically described in Exhibit A, attached hereto and incorporated herein.
- Section 2.** The Board hereby designates the Mayor or Director of Engineering to execute the Special Purchase and any and all documents necessary to effectuate its intent.
- Section 4.** This Resolution shall be of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED, by the City of Fishers Board of Public Works & Safety this 28th day of January, 2025.

**BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Member		

ATTEST: Kari Adriano DATE: 1/28/25
Kari Adriano, Board Clerk

This instrument prepared by: Lindsey M. Bennett, City Attorney, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

““I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.” /s/ Lindsey M. Bennet

Date: Jan 22, 2025

Quote: LSOI25-17743-8

Quote
Page 1/2



TWG Infrastructure Solutions
(Formerly Lighting Solutions of IL)
401 S. Carlton Avenue
Wheaton IL 60187
Phone: (630) 462-0230
Fax: (630) 462-9077
From: Kevin Bates
Quoter Ph:
Email:

Project Location City of Fishers Light Poles-IN
Quote LSOI25-17743-8

To: Rich Bassett
City of Fishers
3 Municipal Drive
Fishers IN 46038
Email: bassetttr@fishers.in.us

For
Bid Date Jan 22, 2025
Expires Feb 16, 2025

QTY	Type	MFG	Part	Price	UQ	ExtPrice
10		VSDT	LIGHT POLE ASSEMBLY W/ SINGLE 12 FT. ALHAMBRA ARM w/ Spring City fixture, Cast Iron base, anchor bolts, fp/gv	\$7,760.00		\$77,600.00
31		VSDT	LIGHT POLE ASSEMBLY W/ TWIN 12 FT. ALHAMBRA ARM w/ Spring City fixture, Cast Iron base, anchor bolts, fp/gv	\$9,576.00		\$296,856.00
Total:						\$374,456.00

Notes:

PLEASE REFER TO THIS QUOTE # WHEN ORDERING

LEAD TIME 15-18 WEEKS

VALMONT DRAWING # IN 600129P1 (Pole adjusted to 26 ft height)

SP CITY DRAWING # FIX-29152

GFI INCLUDED

Terms and conditions of sale:

If anchor bolts are included and pre-shipment is required, contact our office.

NO labor charge back will be paid without prior authorization from the factory.

Manufacturer's standard freight terms apply.

Freight claims are the responsibility of the customer.

Pricing and freight are based upon receiving an order for the entire BOM quoted above. Any deviation will result in a requote.

No liquidated damages will be accepted based upon material delivery delays

If a structural stamp is required with the submittals, contact our office.



City of Fishers Board of Public Works & Safety Board Action Form

MEETING DATE	January 28, 2025	RESOLUTION NO.	R012825D
TITLE OF AGENDA ITEM	Request to Approve FFE Agreement with IMPO for 116th and Allisonville Rd		
PRESENTER/DEPARTMENT	Hatem Mekky, Engineering		
BACKGROUND - Description of item being presented. - Description of previous actions by the Board for this project, include previous Resolution No. - Other parties involved. - Were quotes/bids received? How many? - Attach all quotes/bids - If a special purchase, the basis of special purchase. - Other justification for approval of item.	The City of Fishers was awarded Federal Funds Exchange (FFE) dollars from the Indianapolis Metropolitan Planning Organization (IMPO) for the construction of a new roundabout at 116th Street and Allisonville Road. This agreement enables the IMPO to award Fishers a maximum of \$2,652,750 for the construction of the roundabout. The roundabout is currently scheduled to begin construction in late spring/summer of 2025.		
EXPENDITURE \$	N/A		
BUDGETED \$	N/A		
PUBLIC HEARING REQUIRED	☐ Yes		
AMENDMENT TO ORDINANCE (SCHEDULE CHANGE)	☐ Yes		
CONTRACTS/AGREEMENTS (Contracts include other similar documents such as agreements and memorandum of understandings.)	☐ Contract or Agreement (Equipment, Supply, Public Works, Professional Services, etc.) - Over \$50,000 ☒ Contract or Agreement - Other (Utility Reimbursement Agreements, BOT Agreements, Grant Agreements, etc)		
HAMILTON COUNTY RECORDER	☐ Document must be recorded with the County Recorder's Office by the BPW&S Clerk. ☒ Document does not need recorded with the County Recorder's Office by the BPW&S Clerk.	☐ Document will be recorded by another party. Name of person or entity recording the document: _____	
BUDGET INFORMATION	Expense Account:	N/A	
	Current Available Budget:	N/A	
	Controller's Office Approval:	N/A	

RESOLUTION NO. R012825D

**A RESOLUTION OF THE CITY OF FISHERS, INDIANA, BOARD OF PUBLIC
WORKS & SAFETY APPROVING A GRANT AGREEMENT WITH THE
INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION
(116TH STREET & ALLISONVILLE ROAD)**

WHEREAS, the City of Fishers, Hamilton County, Indiana (“City”) desires to construct a road improvement project at the intersection of 116th Street and Allisonville Road;

WHEREAS, the City applied for and was recently awarded a grant from the Indianapolis Metropolitan Planning Organization (IMPO) for the construction and/or engineering of a roundabout at the intersection of 116th Street and Allisonville Road (the “Project”); and

WHEREAS, the City and the IMPO desire to enter into a Grant Agreement (“Agreement”), attached hereto and incorporated herein as Exhibit A, in which the IMPO will award the City up to \$2,652.750 towards the Project, which is set to begin late spring/summer 2025.

NOW, THEREFORE, be it resolved by the City of Fishers Board of Public Works & Safety meeting in regular session as follows:

- Section 1.** The Board hereby approves the Agreement attached hereto as Exhibit A, incorporated herein.
- Section 2.** The Board hereby authorizes the Mayor to execute the Agreement and any and all documents necessary to effectuate its intent.
- Section 3.** This Resolution shall be of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED, by the City of Fishers Board of Public Works & Safety this 28th day of January 2025.

**BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		

ATTEST: _____
Kari Adriano, Board Clerk

DATE: _____



This instrument prepared by: Lindsey M Bennet, Corporation Counsel, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

“I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in
this document, unless required by law.” /s/ Lindsey M. Bennett

**INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION - LOCAL PUBLIC
AGENCY FEDERAL FUNDS EXCHANGE PROJECT GRANT AGREEMENT FOR
1901667 116TH & ALLISONVILLE RD INTERSECTION IMPROVEMENT**

Contract #00000219

This Grant Agreement (hereinafter “Agreement”), entered into by and between the Indianapolis Metropolitan Planning Organization (the “IMPO”) and the City of Fishers, a Local Public Agency in good standing with the IMPO, (the “LPA”), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

1. Purpose of this Agreement; Funding Source.

The purpose of this Agreement is to enable the IMPO to award \$2,652,750 Federal Funds Exchange Dollars (the “Grant”), representing the IMPO’s portion of the eligible Construction and/or Construction Engineering costs of the project (the “Project”) described in Attachment A of this Agreement, which is incorporated fully herein. The funds shall be used exclusively in accordance with the provisions contained in this Agreement and in conformance with Indiana Code § 36-9-42.2 establishing the authority to make this Grant, as well as any rules adopted thereunder in accordance with the Programmatic Federal Funds Exchange Agreement dated August 28, 2020. The funds received by the LPA pursuant to this Agreement shall be used only to implement the Project or provide the services in conformance with this Agreement and for no other purpose.

RECITALS

WHEREAS, LPA has applied to IMPO for the Project described in Attachment A; and

WHEREAS, LPA agrees to pay its share of the Project cost as stated in this Agreement; and

WHEREAS, the IMPO agrees to make the funding available that would otherwise be available for this and other projects for the LPA’s use subject to all of the conditions of this Agreement; and

WHEREAS, IMPO and the LPA (hereinafter collectively “the PARTIES”) desire to contract on certain project description, scheduling, and funding allocation; and

WHEREAS, the PARTIES have determined the Project is in the best interests of the citizens of Central Indiana; and

WHEREAS, the PARTIES execute this Contract pursuant to Indiana Code §§ 8-23-2-6, 8-23-4-7, 36-1-4-7, 36-1-7-3, and 36-9-42.2; and

WHEREAS, the LPA desires to expedite delivery of the Project, comply with all State and Federal requirements and fiscally manage the Project.

NOW THEREFORE, in consideration of the mutual covenants and promises herein contained, the PARTIES agree as follows:

The “Recitals” and “Notice to PARTIES” above are hereby made an integral part and specifically incorporated into this Contract.

UNDERSTANDINGS

2. Representations and Warranties of the LPA.

A. The LPA expressly represents and warrants to the IMPO that it is statutorily eligible to receive these Grant funds and that the information set forth in its IMPO Call For Projects (CFP) Application is true, complete and accurate. The LPA expressly agrees that it will be solely responsible for the costs of the Project should it be determined either that it was ineligible to receive the funds, it made any material misrepresentation on its CFP application, or the Federal Exchange Program is terminated or substantially modified such that the IMPO is unable to secure the funds necessary to reimburse the LPA for the advanced construction project.

The LPA certifies that it is a current dues paying member of the IMPO in good standing and further agrees to continue paying IMPO dues up to and including two years post IMPO closeout of the project described in Attachment A attached to and made an integral part of this agreement. The LPA expressly agrees to promptly repay all funds paid to it under this Agreement should it stop dues payments to the IMPO, and the LPA will be required to repay the IMPO the full Federal Funds Exchange portion of the project as described in Attachment A of this Agreement per the Repayment clause in Section 8(D).

C. In addition to any other rights and duties required by Indiana or federal law, regulations, rules, policies or procedures, or described elsewhere in this Agreement, the PARTIES understand that:

1. The LPA will prepare or cause to be prepared all required environmental document(s) or studies for each project in accordance with all pertinent state and federal laws, regulations, policies and guidance.
2. The LPA shall ensure that all contracts or procurements for work on all projects funded under the Agreement comply with all applicable state and local public purchasing laws and competitive bidding requirements (in accordance with I.C. 36-9-42.2-10. Further, in accordance with I.C. 36-9-42.2-5(6) and (7), professional services must be performed by an entity that is prequalified by INDOT, and award of all contracts for professional services that are paid with grant funds must be made on the basis of competence and qualifications. Reasonable compensation for such contracts must be negotiated by the LPA following selection of project contractor.
3. The LPA shall complete all right-of-way acquisition, utility coordination, railroad coordination, and acquire the necessary permit(s) in accordance with applicable law.
4. The LPA shall let and award construction contracts for all projects funded under this Agreement according to any applicable laws and rules.
5. The LPA shall provide competent and adequate engineering, testing, and inspection services to ensure the performance of work on each project funded under this Agreement is in

accordance with the construction contract, plans and specifications and any special provisions or approved change orders.

6. The LPA shall be responsible for all costs associated with additional provisions and/or expenses in excess of the Federal Funds Exchange funds allocated to the projects funded under this Agreement.
7. The LPA shall certify that it has verified the suspension and debarment status for all contractors and sub-contractors receiving funds under this Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The LPA shall immediately notify the IMPO if any contractor or subcontractor becomes debarred or suspended, and shall, at the IMPO's request, take all steps required by the IMPO to terminate its contractual relationship with the contractor or sub-contractor for work to be performed under this Agreement.
8. The LPA shall agree to and shall indemnify, defend, exculpate, and hold harmless the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys and employees, individually and/or jointly, from any and all claims, demands, actions, liability and/or liens that may be asserted by the LPA and/or by any other person, firm, corporation, insurer, government or other legal entity, for any claim for damages arising out of any and all loss, damage, injuries, and/or other casualties of whatsoever kind, or by whomsoever caused, to the person or property of anyone on or off the right-of-way, arising out of or resulting from the performance of the contract or from the installation, existence, use, maintenance, condition, repairs, alteration and/or removal of any equipment or material, whether due in whole or in part to the acts and/or omissions and/or negligent acts and/or omissions:
 - (a) of the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys and/or employees, individually and/or jointly;
 - (b) of the LPA, and/or its officials, agents, representatives, attorneys and/or employees, individually and/or jointly;
 - (c) of any and all persons, firms, corporations, insurers, government or other legal entity engaged in the performance of the contract; and/or
 - (d) the joint negligence of any of them, including any claim arising out of the Worker's Compensation law or any other law, ordinance, order, or decree.

The LPA shall also agree to pay all reasonable expenses and attorney's fees incurred by or imposed on the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys, and/or employees, individually and/or jointly, in connection herewith in the event that the LPA shall default under the provisions of this section.

The LPA shall also agree to pay all reasonable expenses and attorney's fees incurred by or imposed on the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys, and/or employees, individually and/or jointly, in asserting successfully a claim against the LPA for indemnity pursuant this contract. Provided, however, that the LPA's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of Indianapolis

Metropolitan Planning Organization, its Board of Directors, agents, officers, or employees or the sole negligence or willful misconduct of the State of Indiana or INDOT.

D. The LPA has committed matching funds from any available revenue source, except as otherwise provided by law, in the amount equal to whatever matching funds would have been required under federal law for the federal funding type for which an individual project would have been eligible, to accomplish the required match of I.C. 36-9-42.2-5(4) as specified in Attachment A.

3. Implementation of and Reporting on the Project.

The LPA shall implement and complete the Project in accordance with Attachment A and with the plans and specifications contained in its CFP Application, which is on file with the IMPO and is incorporated by reference. Substantial modification of the Project shall require prior written approval of the IMPO.

4. Term.

This Agreement commences on the date approved by the IMPO, and shall remain in effect for three (3) years. Unless otherwise provided herein, it may be extended upon the written agreement of the parties and in conformance with IMPO Procedures.

The LPA understands that the LPA must procure materials and/or a contractor for the Project no later than the end of the State Fiscal Year indicated in the award letter, attached hereto as Attachment B and incorporated fully herein.

5. Funding.

The LPA agrees to the following:

- A. It may use the IMPO funds only for eligible expenses per the IMPO Federal Funds Exchange Program Guidance related to the Project described in Attachment A;
- B. If it uses the IMPO funds for any purpose other than as described in Attachment A, the LPA
 - i. must immediately repay all grant funds provided to the IMPO; and
 - ii. may not participate in the Call for Projects during the succeeding calendar year.
-
- C. Disbursement of grant funds will not be made until the LPA's submission of an accepted/awarded Project Material Bid and submission of the Notification of Contractor Award and Request for IMPO Federal Exchange Funds form.
- D. The IMPO's participation in the Project is strictly limited to the grant funds awarded herein. The LPA understands and agrees that the IMPO is under no obligation to pay for or participate in any cost increases, change orders, cost overruns or additional Project expenses of any kind. ‘

6. Payment of Claims.

A. If advance payment of all or a portion of the Grant funds is permitted by statute or regulation, and the IMPO agrees to provide such advance payment, advance payment shall be made only upon submission of a proper accepted bid/award, contract, claim setting out the intended purposes of those funds. After such funds have been expended, LPA shall provide IMPO with a reconciliation of those expenditures. All

payments will be by direct deposit by electronic funds transfer to the financial institution designated by the LPA in writing unless a specific waiver has been obtained from the Executive Director of the IMPO.

B. The IMPO may require evidence furnished by the LPA that substantial progress has been made toward completion of the Project prior to making the payment under this Agreement. All payments are subject to the IMPO's determination that the LPA's performance to date conforms with the Project as approved, notwithstanding any other provision of this Agreement.

C. Project costs greater than the total of the IMPO's grant and the LPA's match shall be borne by the LPA. In the interest of clarity and to avoid misunderstanding, the IMPO shall not pay the LPA for any costs relating to the Project except as specifically provided herein, unless the Parties enter into an amendment to this Agreement.

7. Project Monitoring by the IMPO.

The IMPO or its authorized designees may conduct on-site or off-site monitoring reviews of the Project during the term of this Agreement and for up to ninety (90) days after close out of the project or is otherwise terminated. The LPA shall extend its full cooperation and give full access to the Project site and to relevant documentation to the IMPO or its authorized designees for the purpose of determining, among other things:

- A. whether Project activities are consistent with those set forth in **Attachment A**, the CFP Application, and the terms and conditions of this Agreement;
- B. that LPA is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Agreement and are fully and accurately reflected in Project reports submitted to the IMPO.

8. Compliance with Audit and Reporting Requirements; Maintenance of Records.

A. Upon the request of the IMPO, the LPA shall be subject to an audit of funds paid through this Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Agreement and for a period of five (5) years after close-out by the IMPO or its authorized designee. Copies shall be furnished to the IMPO at no cost.

B. The LPA shall file the annual financial report identified in Ind. Code § 5-11-1-4 in accordance with the rules governing such reports as promulgated by the State Board of Accounts. All grant documentation shall be retained and made available to the IMPO if and when requested.

C. A final audit construction invoice detailing the actual costs of construction and proof of payment to the contractor must be submitted to the IMPO within sixty (60) days of completion of the Project. If for any reason, including overpayment of grant funds to the LPA, the LPA is required to repay to the IMPO the sum or sums of IMPO funds paid to the LPA under the terms of this Agreement, then the LPA shall repay to the IMPO such sum or sums within sixty (60) days after project closeout. Payment for any and all costs incurred by the LPA which are not eligible for IMPO funding shall be the sole obligation of the LPA.

D. If for any reason the IMPO finds noncompliance and requires a repayment of IMPO funds previously paid to the LPA, the LPA is required to submit such sum or sums within sixty (60) days after receipt of a billing from the IMPO. If the LPA has not paid the full amount due within sixty (60) calendar days past

the due date, the IMPO may take further action including but not limited to barring future participation in the program.

9. Compliance with Laws.

A. The LPA shall comply with all applicable federal, State and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable State or federal statute or the promulgation of rules or regulations thereunder after execution of this Agreement shall be reviewed by the IMPO and the LPA to determine whether the provisions of this Agreement require formal modification.

B. The LPA certifies by entering into this Agreement that neither it nor its principal(s) is presently in arrears in payment of permit fees or other statutory, regulatory or judicially required payments to the State. The LPA agrees that any payments currently due to the IMPO may be withheld from payments due to the LPA. Additionally, payments may be withheld, delayed, or denied and/or this Grant suspended until the LPA is current in its payments and has submitted proof of such payment to the IMPO.

D. The LPA warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the State of Indiana or any of the State of Indiana's political subdivisions and agrees that it will immediately notify the IMPO of any such actions. During the term of such actions, the LPA agrees that the IMPO may suspend funding for the Project. If a valid dispute exists as to the LPA's liability or guilt in any action initiated by the IMPO, and the IMPO decides to suspend funding to the LPA, the LPA may submit, in writing, a request for arbitration. Arbitration shall be conducted by the American Arbitration Association using its Commercial Arbitration rules. A determination by the arbitrator shall be binding on the parties. Any disbursements that the IMPO may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest.

E. The LPA warrants that the LPA and any contractors performing work in connection with the Project shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work related to the Project. Failure to do so may be deemed a material breach of this Agreement and grounds for immediate termination and denial of future grant opportunities with the IMPO.

10. Debarment and Suspension.

A. The LPA certifies by entering into this Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Agreement by any federal agency or by any department, agency or political subdivision of the State of Indiana.

B. The LPA certifies that it has verified the suspension and debarment status for all contractors receiving funds under this Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The LPA shall immediately notify the IMPO if any contractor becomes debarred or suspended, and shall, at the IMPO's request, take all steps required by the IMPO to terminate its contractual relationship with the contractor for work to be performed under this Agreement.

11. Drug-Free Workplace Certification.

As required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana, the LPA hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. LPA will give written notice to the IMPO within ten (10) days after receiving actual notice that the LPA, or an employee of the LPA, or one of the LPA's contractors, has been convicted of a criminal drug

violation occurring in the workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the Grant and/or debarment of grant opportunities with the IMPO for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total amount set forth in this Agreement is in excess of \$25,000.00, the LPA certifies and agrees that it will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the LPA's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
- B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the LPA's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace; and
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment the employee will: (1) abide by the terms of the statement; and (2) notify the LPA of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; and
- D. Notifying in writing the IMPO within fourteen (14) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction; and
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, IMPO or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

12. Employment Eligibility Verification.

As required by IC § 22-5-1.7, the LPA hereby swears or affirms under the penalties of perjury that:

- A. The LPA has enrolled and is participating in the E-Verify program;
- B. The LPA has provided documentation to the IMPO that it has enrolled and is participating in the E-Verify program;
- C. The LPA does not knowingly employ an unauthorized alien.
- D. The LPA shall require its contractors who perform work under this Agreement to certify to LPA that the contractor does not knowingly employ or contract with an unauthorized alien

and that the contractor has enrolled and is participating in the E-Verify program. The LPA shall maintain this certification throughout the duration of the term of a contract with a contractor.

The IMPO may terminate for default if the LPA fails to cure a breach of this provision no later than thirty (30) days after being notified by the IMPO.

13. Funding Cancellation.

When the Executive Director of the IMPO makes a written determination that funds are not appropriated, will not be appropriated, or otherwise available to support continuation of performance of this Agreement, it shall be canceled as concerns any payments due after the date of non appropriation. However, any funding provided prior to the date of such lack of appropriation shall remain in place and shall not be canceled. The IMPO represents and warrants that the Executive Director shall take all reasonable and appropriate steps to make funding available for this Agreement, and shall not unreasonably determine that no funds are available or otherwise determine that funds are not appropriated. A determination by the Executive Director of the IMPO that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

14. Force Majeure.

In the event that either party is unable to perform any of its obligations under this Contract or to enjoy any of its benefits because of natural disaster or decrees of governmental bodies not the fault of the affected party (hereinafter referred to as a "Force Majeure Event"), the party who has been so affected shall immediately or as soon as is reasonably possible under the circumstances give notice to the other party and shall do everything possible to resume performance. Upon receipt of such notice, all obligations under this Contract shall be immediately suspended. If the period of nonperformance exceeds thirty (30) days from the receipt of notice of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Contract.

15. Status of Claims.

The LPA shall be responsible for keeping IMPO currently advised as to the status of any claims made for damages against the LPA resulting from services performed under this Agreement. The LPA shall send notice of claims related to work under this Agreement to:

Indianapolis Metropolitan Planning Organization
Attention: Principal Planner Programming Section
200 East Washington Street, Suite 2322
Indianapolis, IN 46204
E-mail: info@indympo.gov

With a copy to:

Senior Transportation Finance Analyst I
Indianapolis Metropolitan Planning Organization
200 East Washington Street, Suite 2322
Indianapolis, IN 46204

16. Governing Law.

This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Indiana, without regard to its conflict of laws rules. Suit, if any, must be brought in the federal or state courts located within the State of Indiana.

17. Information Technology Accessibility Standards.

Any information technology related products or services purchased, used or maintained through this Agreement must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. §794d), as amended. The federal Electronic and Information Technology Accessibility Standards can be found at: <http://www.access-board.gov/508.htm>.

18. Insurance.

The LPA shall maintain insurance on all projects covered by this Agreement. The IMPO reserves the right to request insurance coverages and in such amount as may be required by the IMPO. The IMPO shall be named as an additional insured on all projects covered by this Agreement.

19. Nondiscrimination.

Pursuant to the Indiana Civil Rights Law, specifically IC § 22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the LPA covenants that it shall not discriminate against any employee or applicant for employment relating to this Grant with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee or applicant's: race, color, national origin, religion, sex, age, sexual orientation, gender identity, disability, ancestry, status as a veteran, or any other characteristic protected by federal, State, or local law ("Protected Characteristics"). Furthermore, LPA certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services. The LPA shall agree with the Title VI Assurances listed in Attachment C.

20. Notice to Parties.

Whenever any notice, statement or other communication is required under this Grant, it will be sent by E-mail and by first class U.S. mail service to the following addresses, unless otherwise specifically advised.

A. Notices to the IMPO shall be sent to:

Indianapolis Metropolitan Planning Organization
Attention: Principal Planner Programming Section
200 East Washington Street, Suite 2322
Indianapolis, IN 46204
E-mail: info@IndyMPO.gov

With a copy to:

Senior Transportation Finance Analyst I
Indianapolis Metropolitan Planning Organization
200 East Washington Street, Suite 2322
Indianapolis, IN 46204

Email: Kristyn.sanchez@indympo.org

B. Notices to the IMPO regarding project management shall be sent to:

Senior Transportation Finance Analyst I
Indianapolis Metropolitan Planning Organization
200 East Washington Street, Suite 2322
Indianapolis, IN 46204
Email: Kristyn.sanchez@indympo.gov

C. Notices to the LPA shall be sent to:

City of Fishers
Attn: Hatem Mekky
3 Municipal Drive
Fishers, IN 46038
mekkyh@fishers.in.us

As required by IC § 4-13-2-14.8, payments to the LPA shall be made via electronic funds transfer in accordance with instructions filed by the LPA with the IMPO.

21. Order of Precedence; Incorporation by Reference.

Any inconsistency or ambiguity in this Agreement shall be resolved by giving precedence in the following order: (1) requirements imposed by applicable federal or state law, (2) this Agreement, (3) Exhibits prepared by the IMPO, (4) IMPO Call for Projects; (5) the CFP Application; and (6) Exhibits prepared by LPA. All of the foregoing are incorporated fully herein by reference.

22. Public Record.

The LPA acknowledges that the IMPO will not treat this Agreement as containing confidential information, and will post this Grant on the transparency portal as required by Executive Order 05-07 and IC § 5-14-3.5-2. Use by the public of the information contained in this Grant shall not be considered an act of the IMPO.

23. Termination for Breach.

A. Failure to complete the Project and expend IMPO, local and/or private funds in accordance with this Agreement may be considered a material breach, and shall (if so determined) entitle the IMPO to suspend grant payments, and to suspend the LPA's participation in IMPO grant programs until such time as all material breaches are cured to the IMPO's reasonable satisfaction.

B. The expenditure of IMPO funds other than in conformance with the Project or the Budget may be deemed a breach. The LPA explicitly covenants that it shall promptly repay to the IMPO all funds not spent in conformance with this Agreement or otherwise cure the breach to the reasonable satisfaction of the IMPO.

24. Travel.

No expenses for travel will be reimbursed unless specifically authorized by this Grant.

25. IMPO Boilerplate Affirmation Clause.

I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the IMPO’s standard contract clauses in any way except as follows: Payment of Claims; the Compliance with Audit and Reporting Requirements; Maintenance of Records were modified to include statutory and program requirements; Project Monitoring was modified.

Non-Collusion, Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the LPA, or that the undersigned is the properly authorized representative, agent, member or officer of the LPA. Further, to the undersigned’s knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the LPA, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that an IMPO officer, employee, or special IMPO appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Grant, the LPA attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

AGREEMENT TO USE ELECTRONIC SIGNATURES

In Witness Whereof, the LPA and the IMPO have, through their duly authorized representatives, entered into this Agreement. The parties, having read and understood the foregoing terms of this Agreement, do by their respective signatures dated below agree to the terms thereof.

City of Fishers

Indianapolis Metropolitan Planning Organization

By: _____

By: _____

Scott Fadness Mayor

_____(for)

Name and Title, Printed

Anna Gremling, Executive Director

Date: _____

Date: _____

ATTACHMENT A
PROJECT DESCRIPTION

Local Public Agency: City of Fishers

IMPO Des. No.: 1901667

The IMPO Federal Funds Exchange maximum amount allocated to the Project is \$2,652,750

Program: Federal Funds Exchange (FFE)

Project Type: Intersection

Location: 116th & Allisonville Rd

A general scope/description of the Project is as follows: Reconstruction and intersection improvement of 116th Street and Allisonville Road to construct a two-lane roundabout.

**ATTACHMENT B
AWARD LETTER**



INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION
Planning the transportation future for the Indianapolis region

May 22, 2019

Jason Taylor, City of Fishers

Dear Jason,

This letter serves as notice that the State Fiscal Year (SFY) 2024 Call for Project Recommendations were approved by the IRTC Policy Committee at the May 22, 2019 meeting. The following project(s) have been adopted as part of the 2020-2023 IRTIP as illustrative projects.

LPA	PROJECT TITLE	PROJECT TYPE	FUND TYPE	FEDERAL COST	LOCAL COST	TOTAL COST
Fishers	116th & Allisonville Rd. Intersection	Intersection or Intersection Groups	HSIP	\$2,652,750	\$295,250	\$2,948,000
Fishers	126th & Southeastern Pkwy Roundabout	Intersection or Intersection Groups	CMAQ	\$2,232,000	\$558,000	\$2,790,000
Fishers	Olio Rd & Southeastern Pkwy Roundabout	Intersection or Intersection Groups	HSIP	\$2,951,438	\$327,937	\$3,279,375

Please immediately begin project development to ensure the project can go to letting on or before December 2023. Although, the February letting is the last letting the MPO will allow projects to let in any SFY, January and February should only be considered as emergency lettings. As a result, the MPO prefers that **your initial estimated letting date be within the first five months of SFY 2024.**

To best track project progress and funding, the MPO requires a quarterly progress report be submitted for each new project shown on the table above in MiTIP, the MPO's online TIP database, **starting with the 4th Qtr. SFY 2019 report due July 21st**. Failure to submit a quarterly report in MiTIP will be noted and may result in federal funds being removed from the project and offered to other LPAs.

The MPO developed the following schedule as a guide to assist you in submitting your project's first quarterly report. This schedule will be used in project tracking and as one source of information for the MPO to rank the success of each LPA's project development process.

- Design begins – March 2020
- Environmental approval – December 2021
- RW clear* – February 2023
- Letting – on or before December 2023

**RW should be started as soon as possible to identify any parcels that may require condemnation. If a LPA is unwilling to pursue condemnation, the MPO should be notified as soon as this is known so that alternatives can be explored, including deleting the project and returning the funds to the MPO allocation.*



INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION

Planning the transportation future for the Indianapolis region

The 2020-2023 IRTIP is available on the MPO's [Public MiTIP Website](#) and is the best source of current IRTIP information. Information regarding your projects, regardless of funding source, should be checked on a regular basis and MPO staff should be notified of any changes or corrections. Please do not hesitate to contact me (327-5403, steve.cunningham@indympo.org) or Kristyn Sanchez (327-5137, kristyn.sanchez@indympo.org) should you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Steve Cunningham".

Principal Planner,
Indianapolis MPO

Attachment

ATTACHMENT C: TITLE VI ASSURANCES

During the performance of this contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor shall comply with the Regulation relative to nondiscrimination in Federally-assisted programs of the Department of Transportation (hereinafter, "DOT") Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this contract.

2. **Nondiscrimination:** The Contractor, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor shall not participate either directly or indirectly in the discrimination prohibited by section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

3. **Solicitations for Subcontractors, Including Procurements of Materials and Equipment:** In all solicitations either by competitive bidding or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the contractor of the contractor's obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, or national origin.

4. **Information and Reports:** The contractor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by IMPO or the *Federal Highway Administration* to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish this information the contractor shall so certify to IMPO, or the *Federal Highway Administration* as appropriate, and shall set forth what efforts it has made to obtain the information.

5. **Sanctions for Noncompliance:** In the event of the contractor's noncompliance with the nondiscrimination provisions of this contract, IMPO shall impose such contract sanctions as it or the *Federal Highway Administration* may determine to be appropriate, including, but not limited to:
 - a) withholding of payments to the contractor under the contract until the contractor complies, and/or
 - b) cancellation, termination or suspension of the contract, in whole or in part.

6. **Incorporation of Provisions:** The contractor shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto.

The contractor shall take such action with respect to any subcontractor procurement as IMPO or the *Federal Highway Administration* may direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that, in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the contractor may request IMPO to enter into such litigation to protect the interests of IMPO, and, in addition, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

0141736.0740060 4859-7395-2869v4

RESOLUTION NO. R012825D

**A RESOLUTION OF THE CITY OF FISHERS, INDIANA, BOARD OF PUBLIC
WORKS & SAFETY APPROVING A GRANT AGREEMENT WITH THE
INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION
(116TH STREET & ALLISONVILLE ROAD)**

WHEREAS, the City of Fishers, Hamilton County, Indiana (“City”) desires to construct a road improvement project at the intersection of 116th Street and Allisonville Road;

WHEREAS, the City applied for and was recently awarded a grant from the Indianapolis Metropolitan Planning Organization (IMPO) for the construction and/or engineering of a roundabout at the intersection of 116th Street and Allisonville Road (the “Project”); and

WHEREAS, the City and the IMPO desire to enter into a Grant Agreement (“Agreement”), attached hereto and incorporated herein as Exhibit A, in which the IMPO will award the City up to \$2,652.750 towards the Project, which is set to begin late spring/summer 2025.

NOW, THEREFORE, be it resolved by the City of Fishers Board of Public Works & Safety meeting in regular session as follows:

- Section 1.** The Board hereby approves the Agreement attached hereto as Exhibit A, incorporated herein.
- Section 2.** The Board hereby authorizes the Mayor to execute the Agreement and any and all documents necessary to effectuate its intent.
- Section 3.** This Resolution shall be of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED, by the City of Fishers Board of Public Works & Safety this 28th day of January 2025.

**BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA**

YAY

NAY

ABSTAIN

	Scott Fadness, Chairman		
	Jeff Lantz, Member		

ATTEST:


Kari Adriano, Board Clerk

DATE:

1/28/25



This instrument prepared by: Lindsey M Bennet, Corporation Counsel, City of Fishers, Hamilton County, Indiana,
One Municipal Drive, Fishers, Indiana, 46038

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in
this document, unless required by law." /s/ Lindsey M. Bennett

**INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION - LOCAL PUBLIC
AGENCY FEDERAL FUNDS EXCHANGE PROJECT GRANT AGREEMENT FOR
1901667 116TH & ALLISONVILLE RD INTERSECTION IMPROVEMENT**

Contract #00000219

This Grant Agreement (hereinafter “Agreement”), entered into by and between the Indianapolis Metropolitan Planning Organization (the “IMPO”) and the City of Fishers, a Local Public Agency in good standing with the IMPO, (the “LPA”), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

1. Purpose of this Agreement; Funding Source.

The purpose of this Agreement is to enable the IMPO to award \$2,652,750 Federal Funds Exchange Dollars (the “Grant”), representing the IMPO’s portion of the eligible Construction and/or Construction Engineering costs of the project (the “Project”) described in Attachment A of this Agreement, which is incorporated fully herein. The funds shall be used exclusively in accordance with the provisions contained in this Agreement and in conformance with Indiana Code § 36-9-42.2 establishing the authority to make this Grant, as well as any rules adopted thereunder in accordance with the Programmatic Federal Funds Exchange Agreement dated August 28, 2020. The funds received by the LPA pursuant to this Agreement shall be used only to implement the Project or provide the services in conformance with this Agreement and for no other purpose.

RECITALS

WHEREAS, LPA has applied to IMPO for the Project described in Attachment A; and

WHEREAS, LPA agrees to pay its share of the Project cost as stated in this Agreement; and

WHEREAS, the IMPO agrees to make the funding available that would otherwise be available for this and other projects for the LPA’s use subject to all of the conditions of this Agreement; and

WHEREAS, IMPO and the LPA (hereinafter collectively “the PARTIES”) desire to contract on certain project description, scheduling, and funding allocation; and

WHEREAS, the PARTIES have determined the Project is in the best interests of the citizens of Central Indiana; and

WHEREAS, the PARTIES execute this Contract pursuant to Indiana Code §§ 8-23-2-6, 8-23-4-7, 36-1-4-7, 36-1-7-3, and 36-9-42.2; and

WHEREAS, the LPA desires to expedite delivery of the Project, comply with all State and Federal requirements and fiscally manage the Project.

NOW THEREFORE, in consideration of the mutual covenants and promises herein contained, the PARTIES agree as follows:

The “Recitals” and “Notice to PARTIES” above are hereby made an integral part and specifically incorporated into this Contract.

UNDERSTANDINGS

2. Representations and Warranties of the LPA.

A. The LPA expressly represents and warrants to the IMPO that it is statutorily eligible to receive these Grant funds and that the information set forth in its IMPO Call For Projects (CFP) Application is true, complete and accurate. The LPA expressly agrees that it will be solely responsible for the costs of the Project should it be determined either that it was ineligible to receive the funds, it made any material misrepresentation on its CFP application, or the Federal Exchange Program is terminated or substantially modified such that the IMPO is unable to secure the funds necessary to reimburse the LPA for the advanced construction project.

The LPA certifies that it is a current dues paying member of the IMPO in good standing and further agrees to continue paying IMPO dues up to and including two years post IMPO closeout of the project described in Attachment A attached to and made an integral part of this agreement. The LPA expressly agrees to promptly repay all funds paid to it under this Agreement should it stop dues payments to the IMPO, and the LPA will be required to repay the IMPO the full Federal Funds Exchange portion of the project as described in Attachment A of this Agreement per the Repayment clause in Section 8(D).

C. In addition to any other rights and duties required by Indiana or federal law, regulations, rules, policies or procedures, or described elsewhere in this Agreement, the PARTIES understand that:

1. The LPA will prepare or cause to be prepared all required environmental document(s) or studies for each project in accordance with all pertinent state and federal laws, regulations, policies and guidance.
2. The LPA shall ensure that all contracts or procurements for work on all projects funded under the Agreement comply with all applicable state and local public purchasing laws and competitive bidding requirements (in accordance with I.C. 36-9-42.2-10. Further, in accordance with I.C. 36-9-42.2-5(6) and (7), professional services must be performed by an entity that is prequalified by INDOT, and award of all contracts for professional services that are paid with grant funds must be made on the basis of competence and qualifications. Reasonable compensation for such contracts must be negotiated by the LPA following selection of project contractor.
3. The LPA shall complete all right-of-way acquisition, utility coordination, railroad coordination, and acquire the necessary permit(s) in accordance with applicable law.
4. The LPA shall let and award construction contracts for all projects funded under this Agreement according to any applicable laws and rules.
5. The LPA shall provide competent and adequate engineering, testing, and inspection services to ensure the performance of work on each project funded under this Agreement is in

accordance with the construction contract, plans and specifications and any special provisions or approved change orders.

6. The LPA shall be responsible for all costs associated with additional provisions and/or expenses in excess of the Federal Funds Exchange funds allocated to the projects funded under this Agreement.
7. The LPA shall certify that it has verified the suspension and debarment status for all contractors and sub-contractors receiving funds under this Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The LPA shall immediately notify the IMPO if any contractor or subcontractor becomes debarred or suspended, and shall, at the IMPO's request, take all steps required by the IMPO to terminate its contractual relationship with the contractor or sub-contractor for work to be performed under this Agreement.
8. The LPA shall agree to and shall indemnify, defend, exculpate, and hold harmless the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys and employees, individually and/or jointly, from any and all claims, demands, actions, liability and/or liens that may be asserted by the LPA and/or by any other person, firm, corporation, insurer, government or other legal entity, for any claim for damages arising out of any and all loss, damage, injuries, and/or other casualties of whatsoever kind, or by whomsoever caused, to the person or property of anyone on or off the right-of-way, arising out of or resulting from the performance of the contract or from the installation, existence, use, maintenance, condition, repairs, alteration and/or removal of any equipment or material, whether due in whole or in part to the acts and/or omissions and/or negligent acts and/or omissions:
 - (a) of the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys and/or employees, individually and/or jointly;
 - (b) of the LPA, and/or its officials, agents, representatives, attorneys and/or employees, individually and/or jointly;
 - (c) of any and all persons, firms, corporations, insurers, government or other legal entity engaged in the performance of the contract; and/or
 - (d) the joint negligence of any of them, including any claim arising out of the Worker's Compensation law or any other law, ordinance, order, or decree.

The LPA shall also agree to pay all reasonable expenses and attorney's fees incurred by or imposed on the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys, and/or employees, individually and/or jointly, in connection herewith in the event that the LPA shall default under the provisions of this section.

The LPA shall also agree to pay all reasonable expenses and attorney's fees incurred by or imposed on the State of Indiana, INDOT, the IMPO and/or its/their officials, agents, representatives, attorneys, and/or employees, individually and/or jointly, in asserting successfully a claim against the LPA for indemnity pursuant this contract. Provided, however, that the LPA's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of Indianapolis

Metropolitan Planning Organization, its Board of Directors, agents, officers, or employees or the sole negligence or willful misconduct of the State of Indiana or INDOT.

D. The LPA has committed matching funds from any available revenue source, except as otherwise provided by law, in the amount equal to whatever matching funds would have been required under federal law for the federal funding type for which an individual project would have been eligible, to accomplish the required match of I.C. 36-9-42.2-5(4) as specified in Attachment A.

3. Implementation of and Reporting on the Project.

The LPA shall implement and complete the Project in accordance with Attachment A and with the plans and specifications contained in its CFP Application, which is on file with the IMPO and is incorporated by reference. Substantial modification of the Project shall require prior written approval of the IMPO.

4. Term.

This Agreement commences on the date approved by the IMPO, and shall remain in effect for three (3) years. Unless otherwise provided herein, it may be extended upon the written agreement of the parties and in conformance with IMPO Procedures.

The LPA understands that the LPA must procure materials and/or a contractor for the Project no later than the end of the State Fiscal Year indicated in the award letter, attached hereto as Attachment B and incorporated fully herein.

5. Funding.

The LPA agrees to the following:

- A. It may use the IMPO funds only for eligible expenses per the IMPO Federal Funds Exchange Program Guidance related to the Project described in Attachment A;
- B. If it uses the IMPO funds for any purpose other than as described in Attachment A, the LPA
 - i. must immediately repay all grant funds provided to the IMPO; and
 - ii. may not participate in the Call for Projects during the succeeding calendar year.
-
- C. Disbursement of grant funds will not be made until the LPA's submission of an accepted/awarded Project Material Bid and submission of the Notification of Contractor Award and Request for IMPO Federal Exchange Funds form.
- D. The IMPO's participation in the Project is strictly limited to the grant funds awarded herein. The LPA understands and agrees that the IMPO is under no obligation to pay for or participate in any cost increases, change orders, cost overruns or additional Project expenses of any kind. ‘

6. Payment of Claims.

A. If advance payment of all or a portion of the Grant funds is permitted by statute or regulation, and the IMPO agrees to provide such advance payment, advance payment shall be made only upon submission of a proper accepted bid/award, contract, claim setting out the intended purposes of those funds. After such funds have been expended, LPA shall provide IMPO with a reconciliation of those expenditures. All

payments will be by direct deposit by electronic funds transfer to the financial institution designated by the LPA in writing unless a specific waiver has been obtained from the Executive Director of the IMPO.

B. The IMPO may require evidence furnished by the LPA that substantial progress has been made toward completion of the Project prior to making the payment under this Agreement. All payments are subject to the IMPO's determination that the LPA's performance to date conforms with the Project as approved, notwithstanding any other provision of this Agreement.

C. Project costs greater than the total of the IMPO's grant and the LPA's match shall be borne by the LPA. In the interest of clarity and to avoid misunderstanding, the IMPO shall not pay the LPA for any costs relating to the Project except as specifically provided herein, unless the Parties enter into an amendment to this Agreement.

7. Project Monitoring by the IMPO.

The IMPO or its authorized designees may conduct on-site or off-site monitoring reviews of the Project during the term of this Agreement and for up to ninety (90) days after close out of the project or is otherwise terminated. The LPA shall extend its full cooperation and give full access to the Project site and to relevant documentation to the IMPO or its authorized designees for the purpose of determining, among other things:

- A. whether Project activities are consistent with those set forth in **Attachment A**, the CFP Application, and the terms and conditions of this Agreement;
- B. that LPA is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Agreement and are fully and accurately reflected in Project reports submitted to the IMPO.

8. Compliance with Audit and Reporting Requirements; Maintenance of Records.

A. Upon the request of the IMPO, the LPA shall be subject to an audit of funds paid through this Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Agreement and for a period of five (5) years after close-out by the IMPO or its authorized designee. Copies shall be furnished to the IMPO at no cost.

B. The LPA shall file the annual financial report identified in Ind. Code § 5-11-1-4 in accordance with the rules governing such reports as promulgated by the State Board of Accounts. All grant documentation shall be retained and made available to the IMPO if and when requested.

C. A final audit construction invoice detailing the actual costs of construction and proof of payment to the contractor must be submitted to the IMPO within sixty (60) days of completion of the Project. If for any reason, including overpayment of grant funds to the LPA, the LPA is required to repay to the IMPO the sum or sums of IMPO funds paid to the LPA under the terms of this Agreement, then the LPA shall repay to the IMPO such sum or sums within sixty (60) days after project closeout. Payment for any and all costs incurred by the LPA which are not eligible for IMPO funding shall be the sole obligation of the LPA.

D. If for any reason the IMPO finds noncompliance and requires a repayment of IMPO funds previously paid to the LPA, the LPA is required to submit such sum or sums within sixty (60) days after receipt of a billing from the IMPO. If the LPA has not paid the full amount due within sixty (60) calendar days past

the due date, the IMPO may take further action including but not limited to barring future participation in the program.

9. Compliance with Laws.

A. The LPA shall comply with all applicable federal, State and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable State or federal statute or the promulgation of rules or regulations thereunder after execution of this Agreement shall be reviewed by the IMPO and the LPA to determine whether the provisions of this Agreement require formal modification.

B. The LPA certifies by entering into this Agreement that neither it nor its principal(s) is presently in arrears in payment of permit fees or other statutory, regulatory or judicially required payments to the State. The LPA agrees that any payments currently due to the IMPO may be withheld from payments due to the LPA. Additionally, payments may be withheld, delayed, or denied and/or this Grant suspended until the LPA is current in its payments and has submitted proof of such payment to the IMPO.

D. The LPA warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the State of Indiana or any of the State of Indiana's political subdivisions and agrees that it will immediately notify the IMPO of any such actions. During the term of such actions, the LPA agrees that the IMPO may suspend funding for the Project. If a valid dispute exists as to the LPA's liability or guilt in any action initiated by the IMPO, and the IMPO decides to suspend funding to the LPA, the LPA may submit, in writing, a request for arbitration. Arbitration shall be conducted by the American Arbitration Association using its Commercial Arbitration rules. A determination by the arbitrator shall be binding on the parties. Any disbursements that the IMPO may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest.

E. The LPA warrants that the LPA and any contractors performing work in connection with the Project shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work related to the Project. Failure to do so may be deemed a material breach of this Agreement and grounds for immediate termination and denial of future grant opportunities with the IMPO.

10. Debarment and Suspension.

A. The LPA certifies by entering into this Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Agreement by any federal agency or by any department, agency or political subdivision of the State of Indiana.

B. The LPA certifies that it has verified the suspension and debarment status for all contractors receiving funds under this Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The LPA shall immediately notify the IMPO if any contractor becomes debarred or suspended, and shall, at the IMPO's request, take all steps required by the IMPO to terminate its contractual relationship with the contractor for work to be performed under this Agreement.

11. Drug-Free Workplace Certification.

As required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana, the LPA hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. LPA will give written notice to the IMPO within ten (10) days after receiving actual notice that the LPA, or an employee of the LPA, or one of the LPA's contractors, has been convicted of a criminal drug

violation occurring in the workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the Grant and/or debarment of grant opportunities with the IMPO for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total amount set forth in this Agreement is in excess of \$25,000.00, the LPA certifies and agrees that it will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the LPA's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
- B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the LPA's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace; and
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment the employee will: (1) abide by the terms of the statement; and (2) notify the LPA of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; and
- D. Notifying in writing the IMPO within fourteen (14) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction; and
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, IMPO or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

12. Employment Eligibility Verification.

As required by IC § 22-5-1.7, the LPA hereby swears or affirms under the penalties of perjury that:

- A. The LPA has enrolled and is participating in the E-Verify program;
- B. The LPA has provided documentation to the IMPO that it has enrolled and is participating in the E-Verify program;
- C. The LPA does not knowingly employ an unauthorized alien.
- D. The LPA shall require its contractors who perform work under this Agreement to certify to LPA that the contractor does not knowingly employ or contract with an unauthorized alien

and that the contractor has enrolled and is participating in the E-Verify program. The LPA shall maintain this certification throughout the duration of the term of a contract with a contractor.

The IMPO may terminate for default if the LPA fails to cure a breach of this provision no later than thirty (30) days after being notified by the IMPO.

13. Funding Cancellation.

When the Executive Director of the IMPO makes a written determination that funds are not appropriated, will not be appropriated, or otherwise available to support continuation of performance of this Agreement, it shall be canceled as concerns any payments due after the date of non appropriation. However, any funding provided prior to the date of such lack of appropriation shall remain in place and shall not be canceled. The IMPO represents and warrants that the Executive Director shall take all reasonable and appropriate steps to make funding available for this Agreement, and shall not unreasonably determine that no funds are available or otherwise determine that funds are not appropriated. A determination by the Executive Director of the IMPO that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

14. Force Majeure.

In the event that either party is unable to perform any of its obligations under this Contract or to enjoy any of its benefits because of natural disaster or decrees of governmental bodies not the fault of the affected party (hereinafter referred to as a "Force Majeure Event"), the party who has been so affected shall immediately or as soon as is reasonably possible under the circumstances give notice to the other party and shall do everything possible to resume performance. Upon receipt of such notice, all obligations under this Contract shall be immediately suspended. If the period of nonperformance exceeds thirty (30) days from the receipt of notice of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Contract.

15. Status of Claims.

The LPA shall be responsible for keeping IMPO currently advised as to the status of any claims made for damages against the LPA resulting from services performed under this Agreement. The LPA shall send notice of claims related to work under this Agreement to:

Indianapolis Metropolitan Planning Organization
Attention: Principal Planner Programming Section
200 East Washington Street, Suite 2322
Indianapolis, IN 46204
E-mail: info@indympo.gov

With a copy to:

Senior Transportation Finance Analyst I
Indianapolis Metropolitan Planning Organization
200 East Washington Street, Suite 2322
Indianapolis, IN 46204

16. Governing Law.

This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Indiana, without regard to its conflict of laws rules. Suit, if any, must be brought in the federal or state courts located within the State of Indiana.

17. Information Technology Accessibility Standards.

Any information technology related products or services purchased, used or maintained through this Agreement must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. §794d), as amended. The federal Electronic and Information Technology Accessibility Standards can be found at: <http://www.access-board.gov/508.htm>.

18. Insurance.

The LPA shall maintain insurance on all projects covered by this Agreement. The IMPO reserves the right to request insurance coverages and in such amount as may be required by the IMPO. The IMPO shall be named as an additional insured on all projects covered by this Agreement.

19. Nondiscrimination.

Pursuant to the Indiana Civil Rights Law, specifically IC § 22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the LPA covenants that it shall not discriminate against any employee or applicant for employment relating to this Grant with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee or applicant's: race, color, national origin, religion, sex, age, sexual orientation, gender identity, disability, ancestry, status as a veteran, or any other characteristic protected by federal, State, or local law ("Protected Characteristics"). Furthermore, LPA certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services. The LPA shall agree with the Title VI Assurances listed in Attachment C.

20. Notice to Parties.

Whenever any notice, statement or other communication is required under this Grant, it will be sent by E-mail and by first class U.S. mail service to the following addresses, unless otherwise specifically advised.

A. Notices to the IMPO shall be sent to:

Indianapolis Metropolitan Planning Organization
Attention: Principal Planner Programming Section
200 East Washington Street, Suite 2322
Indianapolis, IN 46204
E-mail: info@IndyMPO.gov

With a copy to:

Senior Transportation Finance Analyst I
Indianapolis Metropolitan Planning Organization
200 East Washington Street, Suite 2322
Indianapolis, IN 46204

Email: Kristyn.sanchez@indympo.org

B. Notices to the IMPO regarding project management shall be sent to:

Senior Transportation Finance Analyst I
Indianapolis Metropolitan Planning Organization
200 East Washington Street, Suite 2322
Indianapolis, IN 46204
Email: Kristyn.sanchez@indympo.gov

C. Notices to the LPA shall be sent to:

City of Fishers
Attn: Hatem Mekky
3 Municipal Drive
Fishers, IN 46038
mekkyh@fishers.in.us

As required by IC § 4-13-2-14.8, payments to the LPA shall be made via electronic funds transfer in accordance with instructions filed by the LPA with the IMPO.

21. Order of Precedence; Incorporation by Reference.

Any inconsistency or ambiguity in this Agreement shall be resolved by giving precedence in the following order: (1) requirements imposed by applicable federal or state law, (2) this Agreement, (3) Exhibits prepared by the IMPO, (4) IMPO Call for Projects; (5) the CFP Application; and (6) Exhibits prepared by LPA. All of the foregoing are incorporated fully herein by reference.

22. Public Record.

The LPA acknowledges that the IMPO will not treat this Agreement as containing confidential information, and will post this Grant on the transparency portal as required by Executive Order 05-07 and IC § 5-14-3.5-2. Use by the public of the information contained in this Grant shall not be considered an act of the IMPO.

23. Termination for Breach.

A. Failure to complete the Project and expend IMPO, local and/or private funds in accordance with this Agreement may be considered a material breach, and shall (if so determined) entitle the IMPO to suspend grant payments, and to suspend the LPA's participation in IMPO grant programs until such time as all material breaches are cured to the IMPO's reasonable satisfaction.

B. The expenditure of IMPO funds other than in conformance with the Project or the Budget may be deemed a breach. The LPA explicitly covenants that it shall promptly repay to the IMPO all funds not spent in conformance with this Agreement or otherwise cure the breach to the reasonable satisfaction of the IMPO.

24. Travel.

No expenses for travel will be reimbursed unless specifically authorized by this Grant.

25. IMPO Boilerplate Affirmation Clause.

I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the IMPO's standard contract clauses in any way except as follows: Payment of Claims; the Compliance with Audit and Reporting Requirements; Maintenance of Records were modified to include statutory and program requirements; Project Monitoring was modified.

Non-Collusion, Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the LPA, or that the undersigned is the properly authorized representative, agent, member or officer of the LPA. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the LPA, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that an IMPO officer, employee, or special IMPO appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Grant, the LPA attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

AGREEMENT TO USE ELECTRONIC SIGNATURES

In Witness Whereof, the LPA and the IMPO have, through their duly authorized representatives, entered into this Agreement. The parties, having read and understood the foregoing terms of this Agreement, do by their respective signatures dated below agree to the terms thereof.

City of Fishers

By: _____

Scott Fadness

Mayor

Name and Title, Printed

Date: 1-28-2025

Indianapolis Metropolitan Planning Organization

By: _____

(for)

Anna Gremling, Executive Director

Date: _____

ATTACHMENT A
PROJECT DESCRIPTION

Local Public Agency: City of Fishers

IMPO Des. No.: 1901667

The IMPO Federal Funds Exchange maximum amount allocated to the Project is \$2,652,750

Program: Federal Funds Exchange (FFE)

Project Type: Intersection

Location: 116th & Allisonville Rd

A general scope/description of the Project is as follows: Reconstruction and intersection improvement of 116th Street and Allisonville Road to construct a two-lane roundabout.

**ATTACHMENT B
AWARD LETTER**



INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION
Planning the transportation future for the Indianapolis region

May 22, 2019

Jason Taylor, City of Fishers

Dear Jason,

This letter serves as notice that the State Fiscal Year (SFY) 2024 Call for Project Recommendations were approved by the IRTC Policy Committee at the May 22, 2019 meeting. The following project(s) have been adopted as part of the 2020-2023 IRTIP as illustrative projects.

LPA	PROJECT TITLE	PROJECT TYPE	FUND TYPE	FEDERAL COST	LOCAL COST	TOTAL COST
Fishers	116th & Allisonville Rd. Intersection	Intersection or Intersection Groups	HSIP	\$2,652,750	\$295,250	\$2,948,000
Fishers	126th & Southeastern Pkwy Roundabout	Intersection or Intersection Groups	CMAQ	\$2,232,000	\$558,000	\$2,790,000
Fishers	Olio Rd & Southeastern Pkwy Roundabout	Intersection or Intersection Groups	HSIP	\$2,951,438	\$327,937	\$3,279,375

Please immediately begin project development to ensure the project can go to letting on or before December 2023. Although, the February letting is the last letting the MPO will allow projects to let in any SFY, January and February should only be considered as emergency lettings. As a result, the MPO prefers that **your initial estimated letting date be within the first five months of SFY 2024.**

To best track project progress and funding, the MPO requires a quarterly progress report be submitted for each new project shown on the table above in MiTIP, the MPO's online TIP database, **starting with the 4th Qtr. SFY 2019 report due July 21st**. Failure to submit a quarterly report in MiTIP will be noted and may result in federal funds being removed from the project and offered to other LPAs.

The MPO developed the following schedule as a guide to assist you in submitting your project's first quarterly report. This schedule will be used in project tracking and as one source of information for the MPO to rank the success of each LPA's project development process.

- Design begins – March 2020
- Environmental approval – December 2021
- RW clear* – February 2023
- Letting – on or before December 2023

**RW should be started as soon as possible to identify any parcels that may require condemnation. If a LPA is unwilling to pursue condemnation, the MPO should be notified as soon as this is known so that alternatives can be explored, including deleting the project and returning the funds to the MPO allocation.*



INDIANAPOLIS METROPOLITAN PLANNING ORGANIZATION

Planning the transportation future for the Indianapolis region

The 2020-2023 IRTIP is available on the MPO's [Public MiTIP Website](#) and is the best source of current IRTIP information. Information regarding your projects, regardless of funding source, should be checked on a regular basis and MPO staff should be notified of any changes or corrections. Please do not hesitate to contact me (327-5403, steve.cunningham@indympo.org) or Kristyn Sanchez (327-5137, kristyn.sanchez@indympo.org) should you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Steve Cunningham".

Principal Planner,
Indianapolis MPO

Attachment

ATTACHMENT C: TITLE VI ASSURANCES

During the performance of this contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor shall comply with the Regulation relative to nondiscrimination in Federally-assisted programs of the Department of Transportation (hereinafter, "DOT") Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this contract.

2. **Nondiscrimination:** The Contractor, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor shall not participate either directly or indirectly in the discrimination prohibited by section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

3. **Solicitations for Subcontractors, Including Procurements of Materials and Equipment:** In all solicitations either by competitive bidding or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the contractor of the contractor's obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, or national origin.

4. **Information and Reports:** The contractor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by IMPO or the *Federal Highway Administration* to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish this information the contractor shall so certify to IMPO, or the *Federal Highway Administration* as appropriate, and shall set forth what efforts it has made to obtain the information.

5. **Sanctions for Noncompliance:** In the event of the contractor's noncompliance with the nondiscrimination provisions of this contract, IMPO shall impose such contract sanctions as it or the *Federal Highway Administration* may determine to be appropriate, including, but not limited to:
 - a) withholding of payments to the contractor under the contract until the contractor complies, and/or
 - b) cancellation, termination or suspension of the contract, in whole or in part.

6. **Incorporation of Provisions:** The contractor shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto.

The contractor shall take such action with respect to any subcontractor procurement as IMPO or the *Federal Highway Administration* may direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that, in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the contractor may request IMPO to enter into such litigation to protect the interests of IMPO, and, in addition, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

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SPYGLASS FALLS/SPYGLASS HILL – REPORT UPDATES

January 2025





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To: Mayor Scott Fadness
Jeff Lantz
Steve Orusa
Fishers Board of Public Works and Safety

From: Hatem Mekky, PE 
Director of Engineering

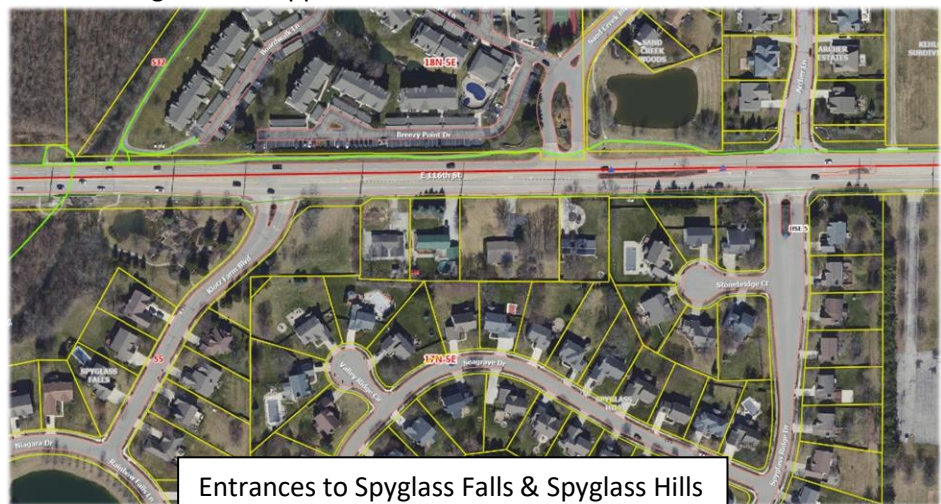
Date: January 24, 2025

RE: Spyglass Falls/Spyglass Hill Traffic Study – 2025 Updates

An in-depth study, dialogue, and analysis was completed in 2015 and 2016 with the Board of Public Works and Safety (BPWS), residents of Spyglass Falls neighborhood, Spyglass Hill neighborhood, and internal/external stakeholders regarding potential traffic solutions that could potentially result in improved ingress/egress to the Spyglass Falls neighborhood. After extensive discussions and consideration, the BPWS decided not to take action on any specific solution due to imbalanced traffic along 116th street. Over the years, the topic continues to be asked of the Mayor, City Council, Engineering Department, and others, and a greater dialog has resulted in continued discussions with neighbors and stakeholders about potential solutions. While many conditions are unchanged since the 2016 study, this document serves to update the 2016 dialogue with supplemental information.

Existing Conditions

Largely, the existing physical condition of the Spyglass Falls and Spyglass Hills neighborhoods remain the same today compared to 2015/2016. The ingress/egress is similar today to the conditions found when this was studied previously. Items investigated during the



prior Study that remain unchanged so are only mentioned briefly here are elements such as:

- Entrance configuration of Spyglass Falls and Spyglass Hill with 116th Street. Specifically, the number of lanes on 116th Street and in and out of these entrances is the same as when previously studied.
- The profile of these entrance roadways is unchanged—meaning that the stopping sight distance (SSD) and intersection sight distance (ISD) at both entrances is consistent with the amounts found previously.
- The speed limits of the roadways being investigated are unchanged. The current existing speed limit on 116th Street is 40 MPH. The speed limit on Cumberland Road is 35 MPH. The speed limit on neighborhood streets found within Spyglass Falls, Spyglass Hills, and Lake Stonebridge are all 25 MPH.
- Similarly, the current street configuration where there is a sidewalk trail connection between Spyglass Falls and Spyglass Hill is still like past investigations.



Public Right-of-Way between Spyglass Falls & Spyglass Hills

In 2016, there were many projects underway in and around the City of Fishers causing some speculation about their impact upon 116th Street. In the time since the last Study was completed, many city projects have been completed by the Fishers Engineering Department on its own or in conjunction with other agencies or development parties. Some of these projects that were on-going completed include:

- I-69 at 106th Street interchange.
- 116th Street widening and traffic signal work at/near IKEA.
- SR 37 grade separation with interchanges from 126th Street to 146th Street.
- Roundabout installation at 106th Street and Hoosier Road.
- Roundabout installation at 96th Street and Cumberland Road.
- Roundabout installation at 106th Street and Cumberland Road.
- Roundabout installation at 96th Street and Lantern Road.
- Roundabout installation at 96th Street and Sargent Road.
- Road widening on 82nd Street from Hague Road to Fall Creek Road.
- Widening of I-69 from 116th Street to SR 13 in Madison County.

While this is not an exhaustive list, some of the projects underway that led the City to believe traffic patterns on and around 116th Street were atypical/imbalanced in the 2016 time period.



Beyond these elements, topics that follow ones investigated in larger detail due to updated conditions or new information that was studies as part of this effort.

Crash Reports

In the 2016 study, an analysis of pertinent crash reports was completed. This memorandum summarizes the crash reports pulled in the period between 2015 and 2024 at specific locations related to ingress-egress solutions. These locations include the entrance to Spyglass Falls on 116th Street and the location of an approximate connection between Spyglass Falls and Spyglass Hill. Appendix B contains the crash reports found at the intersection of 116th Street and Klotz Farm Boulevard from 2016 to 2024. Appendix C contains the crash reports at any location along Knightsbridge Drive from 2016 to 2024.

Location	2011-2015	2016-2024
Intersection of 116 th Street & Klotz Farm Blvd		
Total Crashes	13	18
Total Injuries	4	6
Knightsbridge Drive		
Total Crashes	2	2
Total Injuries	0	0

A search of crash reports over the study period was completed to review the narrative and information in the reports to see if there was a systemic problem at these locations. The search found 18 crashes at the intersection of 116th Street and Klotz Farm Boulevard, with 6 of these crashes having injuries. 1 of the crashes involved a single vehicle striking a deer in the roadway and would not generally be correctible with infrastructure changes. While this does not minimize the occurrences at this location, according to the Indiana Manual on Uniform Traffic Control Devices (MUTCD), intersection treatments are typically not recommended if there are less than 5 correctible crashes per year for a 3-year period.

Similarly, crashes were investigated for all locations on Knightsbridge Lane to investigate the volume and types of collisions in consideration of possibly connecting the neighborhoods together via a new roadway. The search of crash reports of the same six-year period found 2 crashes; this is also viewed as a low number of crashes.

In addition to neighborhood accidents, there was a wider study on the failure to yield accidents along 116th street from Cumberland to Hoosier Rd. on all neighborhood entrances. This was also conducted on Cumberland Rd. from 106th street to 116th street. This was done to identify the frequency along these locations in comparison to Spyglass falls. This concluded that there was 3 to 4 times the number of accidents at Spyglass Falls compared to other adjacent entrances. See appendix I & J for reports.



Traffic Volumes

Traffic volumes were pulled in 2016 from 2015 counts completed by the City's traffic consultant. This data was again pulled for a comparison regarding traffic on 116th Street and also Cumberland Road. The latest counts available for both roads were from 2021. The traffic volumes on these arterial roadways have increased. As mentioned, it was noted in the 2016 study that there were many projects on-going and that it may not have been a representative year to make changes, in particular on 116th Street due to varying traffic patterns. It is noted that an increase in traffic on 116th Street for this six-year period is a higher aggregate amount compared to other similar roadways in Fishers, however it is anticipated that the 2015/2016 data was under-reported compared to typical years due to the multiple projects being completed in the area. There is a high volume of traffic utilizing the 116th Street corridor. For the purposes of providing this data, it is included in Appendix F & G and includes some 24-hour count data and separate peak-hour counts.

Location	Traffic Volumes		
	2016	2021	Increase/Decrease
116 th Street between Cumberland Road and Hoosier Road	27,788	42,497	+53%
Cumberland Road between 106 th Street and 116 th Street	10,491	12,105	+15%

Alternatives Investigated

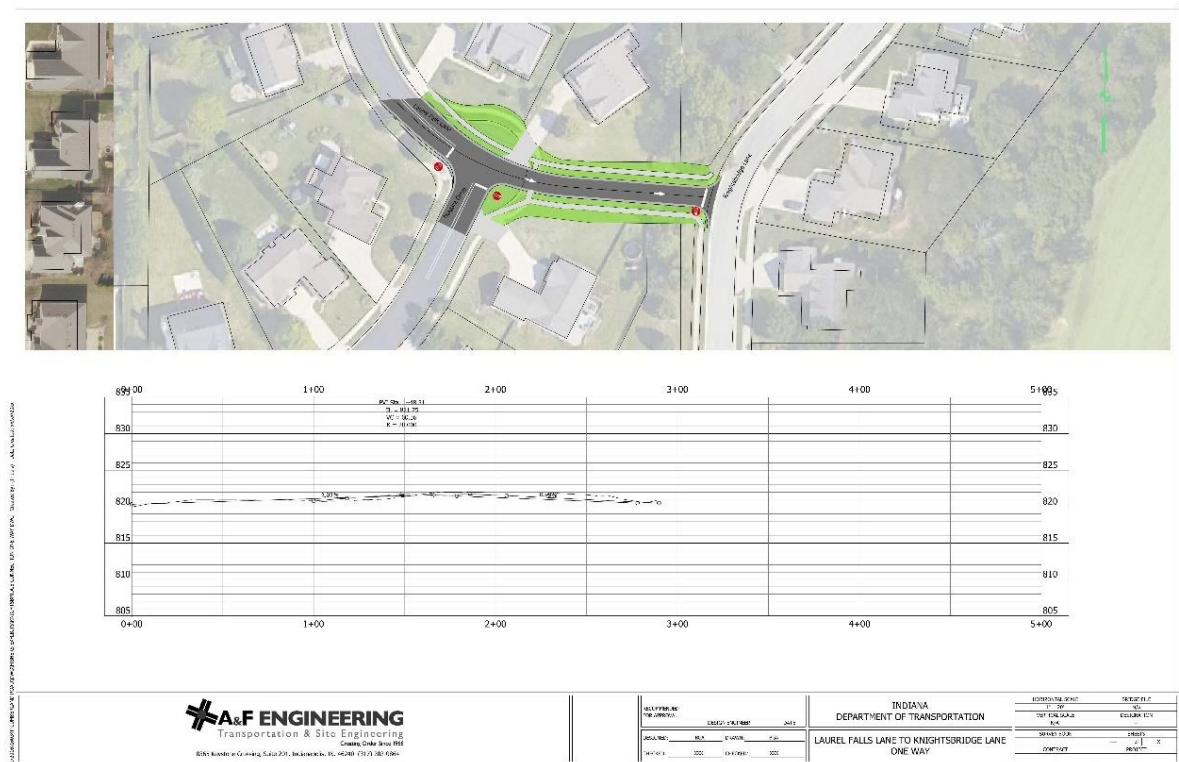
The Engineering Department and the City's traffic consultant worked together to investigate in greater detail many the potential projects that could improve ingress/egress to Spyglass Falls. The alternatives are consistent with others studied in the past, but with modifications and a more investigative look at potential construction costs.

(See Next Page)



Construct Connector Road between Spyglass Falls & Spyglass Hills – One Way

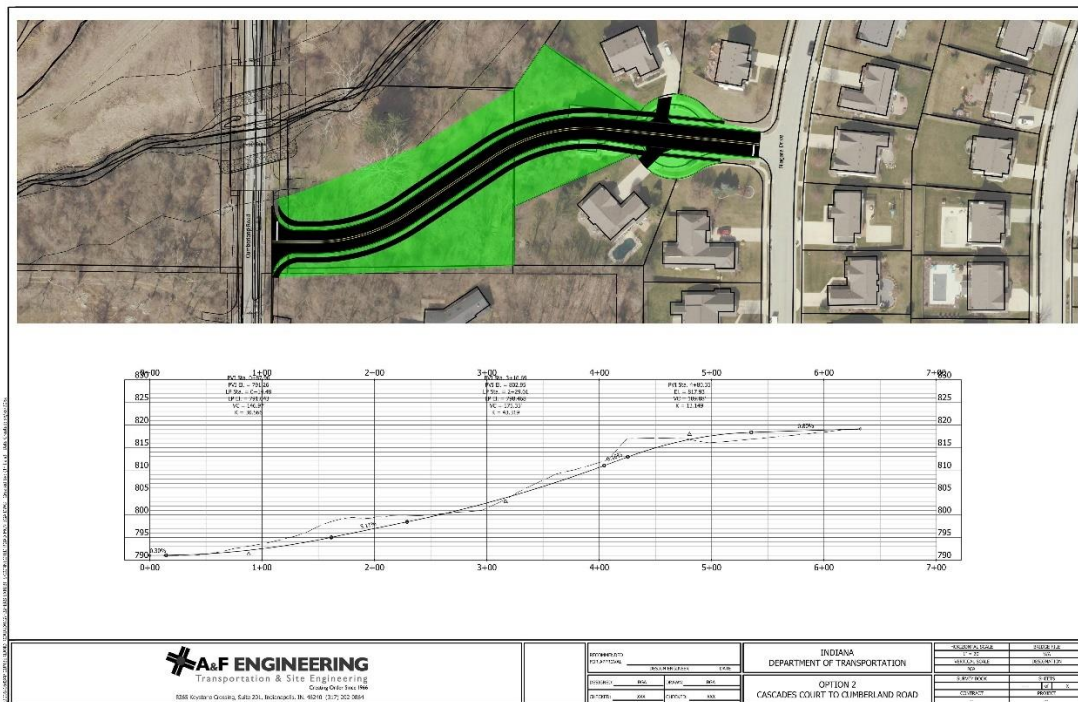
This option would involve constructing a one-way one-lane new street connection between Knightsbridge Lane and Laurel Falls Lane/Niagara Drive to connect Spyglass Falls to Spyglass Hills only. This street connection would be constructed in a manner with pavement, curb, underdrains, and sidewalks in a manner that this street would be only one-lane wide, and parking would not be permitted. Elements such as signs, markings, bollards or other items would need to be considered to keep traffic from making a wrong-way maneuver. This effort would utilize existing right-of-way. An opinion of probable construction cost for this alternative is \$264,460. There are other potential project costs including engineering, inspection and right-of-way acquisition identified in the project matrix included in Appendix H. This project would have a low amount of construction impact and use land already owned by the City. The project would result in traffic only being able to enter Spyglass Hill, signage and other warning measures may be needed to prevent traffic from entering Spyglass Falls and making a wrong-way maneuver. See Appendix N for connector Safety and an outline of traffic impacts.





Extension of Cascades Court to Cumberland Road

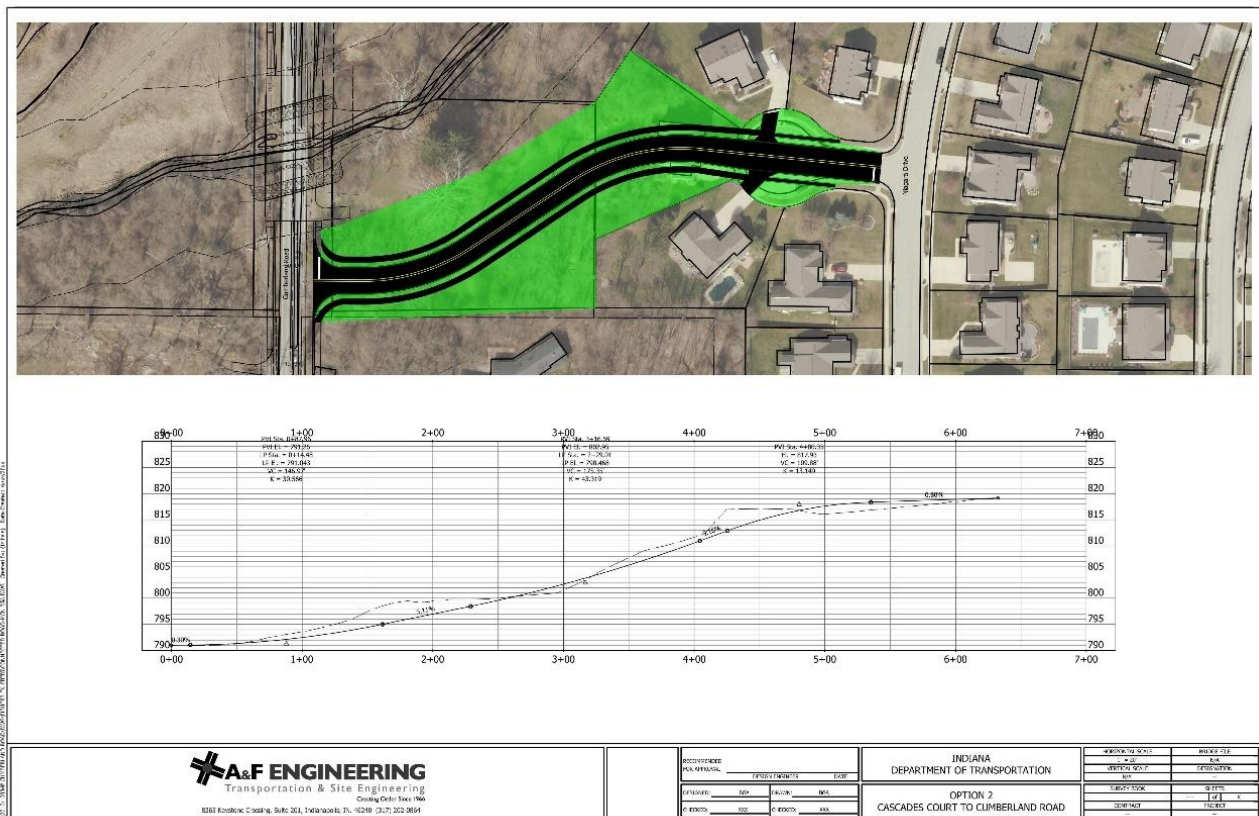
This option would involve constructing a road from the end of Cascades Court to Cumberland Road. During the construction of Spyglass Falls subdivision, this haul road was used to construct infrastructure and homes and near the end of home build-out in the subdivision. Extending Cascades Court to Cumberland Road would require the acquisition of a home and displacement of its residents as well as additional right-of-way acquisition on the parcel to the west. The floodway and flood fringe of Sand Creek would be impacted and require a Construction in a Floodway permit from the Indiana Department of Natural Resources which may require additional floodway mitigation. Cascades Court sits much higher than Cumberland Road to which it could connect. There is approximately a 30-foot elevation change in the 600-foot distance from the end of Cascades Court to Cumberland Road which is about a 9% grade. This is relatively steep and would be a concern in winter with snow and ice and the potential for sliding. An opinion of probable construction cost for this alternative is approx. \$900,000. There are other potential project costs including engineering, inspection and right-of-way acquisition identified in the project matrix included in Appendix H.





Connection of Niagara Drive to Cumberland Road

This option would involve constructing a new roadway and creating a t-intersection with Niagara Drive in Spyglass Falls with connection to Cumberland Road. Connecting a new roadway to Cumberland Road would require the acquisition of a home and displacement of its residents on both Niagara Drive and also along Cumberland Road. It would require revised access for two adjacent properties. The grade change would likely result in the need for very tall retaining walls to retain the cut slope created lowering the grade to Cumberland Road. An opinion of probable construction cost for this alternative is \$1,800,000. There are other potential project costs including engineering, inspection and right-of-way acquisition identified in the project matrix included in Appendix H.

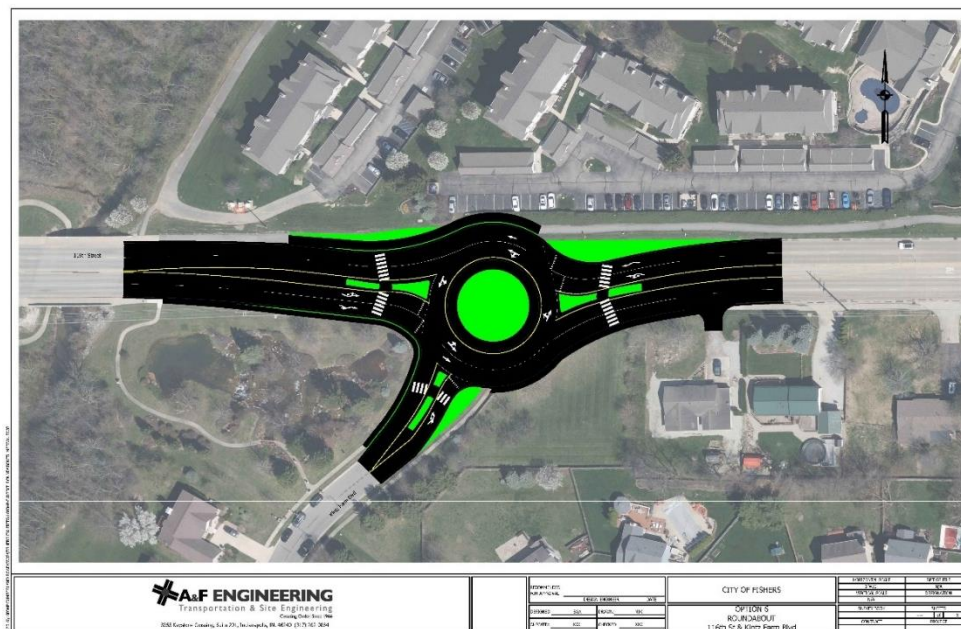




Construct a Roundabout at 116th Street and Klotz Farm Boulevard

This option would involve constructing a roundabout on 116th Street at the entrance to Spyglass Falls neighborhood. Since roundabouts are yield-at-entry traffic control devices, traffic entering the roundabout would have a good opportunity to safely find gaps in 116th Street traffic needing to seek them from only one direction at a time rather than both. There are no other roundabouts on 116th Street at this time, so this would be an educational outreach effort that would be needed because it may not meet driver's expectations. A roundabout would be an opportunity for aesthetic improvements to be made in the central island, and they are seen as less utilitarian than traffic signals.

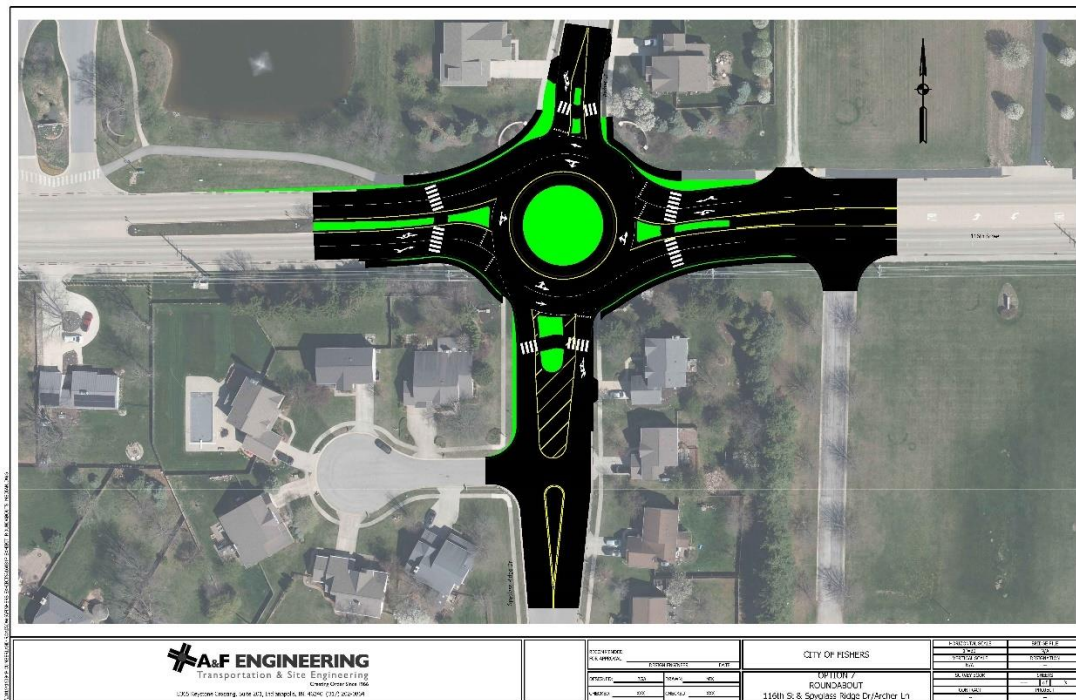
A roundabout installed at Klotz Farm Boulevard would not be a typical roundabout installation. Often a roundabout intersection could take the place of a signalized intersection, but typically side street traffic volumes are higher than they would be at the Spyglass Falls entrance. A roundabout can offer good intersection capacity if there are high left turning volumes from 116th Street onto the side street, but this is generally not the case at either neighborhood location. Roundabouts can reduce the potential for crashes at a two-way or four-way stop-controlled intersection. The installation of a roundabout would require the acquisition of right-of-way on all corners of the roundabout. An opinion of probable construction cost for this alternative is \$3,440,000. There are other potential project costs including engineering, inspection and right-of-way acquisition identified in the project matrix included in Appendix H.





Construct a Roundabout at 116th Street and Spyglass Ridge Drive

Similar to Spyglass Falls, a roundabout could be installed at the entrance to Spyglass Hills neighborhood. The characteristics would be similar at this intersection and are not repeated. A roundabout installed at Spyglass Ridge Drive would require the need to acquire right-of-way which would have significant impacts on each corner. An opinion of probable construction cost for this alternative is \$3,186,000. There are other potential project costs including engineering, inspection and right-of-way acquisition identified in the project matrix included in Appendix H.





Neighborhood Input/Questions & Answers

Through involvement in meetings, conversations, e-mails, and other venues, there has been a consistent dialogue about the Spyglass Falls/Spyglass Hills neighborhood solutions on-going since the 2016 study and meetings. Invariably, there are also residents who have come to these or other nearby neighborhoods since this time. The City wishes to continue discussions with stakeholders and affected residents about the on-going studies and solutions. There was a Zoom meeting held on January 23, 2025, in advance of the BPWS meeting on January 28, 2025, to discuss information about the project. During this meeting and throughout other conversations there have been many similar questions asked about potential solutions with answers being provided by the City. These have been aggregated as a Project Q/A and are included in Appendix A of this report to supply additional information to residents.

Recommended Solution for Implementation

There are many possible solutions that could be exercised by Fishers to bring varying levels of improvement to the ingress and egress to both Spyglass Falls and Spyglass Hills neighborhoods. For its overall comparative low impact, the Engineering Department recommends installing a one-way roadway connector from Spyglass Falls to Spyglass Hill. This connector will allow some vehicles the opportunity to ultimately exit on to Cumberland Road to see an alternative to the current egress with 116th Street. The Engineering Department would implement a roadway constructed to meet city standards for width, pavement depth with sidewalks. The Department would ensure sight distance is met and would include signage and markings to encourage compliance with current speed limits and the prohibition of entering traffic from Spyglass Hills into Spyglass Falls. This Engineering recommendation should be considered by the Board of Public Works and Safety along with other factors in this recommendation that have been mentioned by residents and stakeholders: community connectivity, safety, property value, safety, and other factors in addition to the Engineering elements.



APPENDICES



Appendix A – Neighborhood Input Questions/Answers

Question Report				
Report Generated:	1/24/2025 11:13			
Topic	Webinar ID	Actual Start Time	# Question	
Spyglass Hills/Spyglass Fall Roadway Project	833 1535 6067	1/23/2025 18:03	98	
#	Question	Asker Name	Answer	Question Time
1	Yes, I can see the presentation	Lindsey Bennett		1/23/2025 18:06
2	How does the accident rate at Spyglass Falls compare to crashes turning out of Spyglass Hills?	Tara Jarvis	live answered	1/23/2025 18:10
2	How does the accident rate at Spyglass Falls compare to crashes turning out of Spyglass Hills?	Tara Jarvis	Over the 10-year period when crash reports have been pulled show 15 crashes at Spyglass Falls with 5 at Spyglass Hills that are failure to yield right of way—correctible with solutions being currently studied.	1/23/2025 18:10
3	What is Spayglass Hills crash rate turning onto 116th?	Tara Jarvis	live answered	1/23/2025 18:14
4	Wasn't there a fatality (motorcycle vs truck) on 116th at Spyglass Ridge 2(ish) years ago?	Anonymous Attendee	yes the crash report stated that this was a result of drivers failing to yield on Belle Plaine BLVD	1/23/2025 18:15
5	We have more traffic on Cumberland now with the Fishers Event Center.	Tara Jarvis	The City is seeing some increased traffic during events. The City will continue to evaluate whether other projects improvements are needed to mitigate event traffic.	1/23/2025 18:15
6	What is the justification for a solution that places the problem and burden of traffic and safety from one neighborhood onto another, exacerbating existing problems and creating new ones?	Don Cady	Tonight's presentation highlights the information the Engineering Department was asked to prepare and provide engineering solutions that could be considered. We recognize that there are non-engineering related elements (value, preference, etc.) that may also be part of the decision making process. The Board of Works will hear information on 1/28 and take these and other factors into consideration in any solutions implemented prior to a decision on 2/25.	1/23/2025 18:19
7	People fly down 116th Street. I would love to see traffic lights installed to slow down traffic and make it safer to turn out of neighborhoods.	Tara Jarvis	Traffic Signal warrants were discussed during the presentation and will be available in the report. A traffic signal will need to satisfy these warrants.	1/23/2025 18:23
8	It looks like the proposal for closing the median on 116th was dropped. Why?	Anonymous Attendee	Any solutions that would not further public safety were not considered. A solution that involves only closing the median on 116th Street to prevent left hand turns out of Spyglass Falls will lead to vehicles taking a right out of Spyglass Falls and then making unsafe u-turns somewhere on 116th Street. It will also close westbound traffic access to the neighborhood.	1/23/2025 18:23
9	Will school buses utilize this connector and can a bus navigate the turn?	Jeff Rhodes	live answered	1/23/2025 18:23
10	How many homes are in Spyglass falls compared to Spyglass Hills? Would this number help explain the number of accidents? Also, there is references to knightsbridge ln and Deering, but no data on accidents going out of deering onto Cumberland rd. Can you clarify what kind of accidents have happened at Deering and Cumberland rd? This will be the proposed exit route for Spyglass Falls.	Lee Smith	Pursuant to City records, Spyglass Hills has approximately 325 homes and Spyglass Falls has approximately 235 homes. Data on accidents at Deering & Cumberland were presented and will be available in the report	1/23/2025 18:24
10	How many homes are in Spyglass falls compared to Spyglass Hills? Would this number help explain the number of accidents? Also, there is references to knightsbridge ln and Deering, but no data on accidents going out of deering onto Cumberland rd. Can you clarify what kind of accidents have happened at Deering and Cumberland rd? This will be the proposed exit route for Spyglass Falls.	Lee Smith	Pursuant to City records, Spyglass Hills has approximately 325 homes and Spyglass Falls has approximately 235 homes. Data on accidents at Deering & Cumberland were presented and will be available in the report	1/23/2025 18:24
11	Is the meeting next Tuesday open to the public?	Anonymous Attendee	Yes, the 1/28/25 Board of Public Works & Safety meeting is open to the public, but public comment will be heard on 2/25/25 prior to the Board's vote.	1/23/2025 18:25
12	The 2015-2016 report suggested 43-56 cars from Hills would be using the connector road during the peak periods of 5:15 to 6:15 pm. Do I understand that you are saying that the number predicted today has gone down significantly?	Jennifer Lynn	The 2016 report addressed the connector as an two way exit/entrance. The 2024 report has refined the connector to a one way exit from Spyglass Falls to Spyglass Hills.	1/23/2025 18:27
13	What was the criteria that stipulated only 10-15 cars would use the one-way extension at peak time?	Tino Solis	Information will be available in the report	1/23/2025 18:28
14	Based on the 2016 study, A&F Engineering estimated approximately 25% of the 230+ homes in Spyglass Falls "might" utilize the egress/exit. Is this still hte estimate? If so, how do you justify the estimated \$500K expense to accomodate roughly 40-50 houses (again A&F est.) in Spyglass Falls? How is this good stewardship of tax dollars?	Don Cady	The report addressed the connector as an exit/entrance utilization. The refined report is a one way exit. The cost for a one way is approx \$345k	1/23/2025 18:30
15	Would busses be able to make that turn safely?	Steven Heidler	live answered	1/23/2025 18:30
16	What was the timeframe for accident data on Cumberland Road? Obviously with growth, Fishers Events Center and District, there is additional volume on Cumberland Road.	Katie Wantz	live answered	1/23/2025 18:31
17	One option that wasn't looked at is to no longer allow left turns from Klotz Farm. How about turn right then go do a U-turn or go a different way?	Ryan Robertson	live answered	1/23/2025 18:31

18	was a round-about considered at 116th and Hoosier Road? both Spyglass Falls & Hill could turn right out of their subdivisions and utilize a round-about just 2 blocks away. It seems like that intersection will grow and warrant a round-about in the future with a community center and new apartments there now.	Julie Garrett	live answered	1/23/2025 18:32
19	Spyglass Falls does not have a space to turn into once we cross eastbound traffic to wait for westbound to clear like Spyglass Hills and Stonebridge neighbors have. Could adding a middle median on 116th Street at Klotz Farm Blvd be an option for Spyglass Falls?	Sharon Calderone	live answered	1/23/2025 18:32
20	The photos that show the lack of sight hindrances for the road extension don't show pictures with parked cars. Perhaps a revisit during warmer weather, birthday parties, and other social seasons is warranted.	Tino Solis	City parking ordinance shown in the presentation will require cars to be parked within a certain distance from the intersection. The connection proposed is a stop controlled intersection similar to Brixton Lane.	1/23/2025 18:33
21	What is the vehicular volume at klotz farm blvd in the 8 hr period	Michelle Bickel	Information will be provided in the report. This is not the sum of all volumes but it is the volume every hr needs to be more than 150 cars. The highest volume was less than this threshold	1/23/2025 18:33
22	What is the time and location of the meeting on January 28th?	Katie Wantz	More info here: https://fishersin.portal.civicclerk.com/event/994/files/agenda/1439	1/23/2025 18:33
23	If this plan is implemented, is anyone going to compensate the homeowners that will be severely impacted with this change? I do not live on Knightbridge but I have sympathy for those homeowners directly impacted.	Maria Maley	The improvements are on public city roads , and would not require right of way acquisition.	1/23/2025 18:34
24	Can the decision be made ahead of 2/25, or that is when it will be decided?	Jana Hancock	The Board will vote on 2/25 during the public meeting.	1/23/2025 18:34
25	Why can't SpyGlass Falls just turn right onto 116 and then right into SpyGlass Hill if they can't turn left; maybe they can; they might have clearance & therefore a choice. 2 min. 2 right turns, \$0 cost and time involved with this project as well.	Jason Harrison	live answered	1/23/2025 18:34
26	Looking north or south on Knightsbridge doesn't take into factor that cars are not on the street due to snow. In normal days especially summer, these streets are full of cars, lawn service, delivery trucks, etc. You are using pictures that does reflect reality. Why isn't the city proposing Falls residents utilize the Spyglass Hill entrance to access Knightsbridge Lane? This would not cost the city anything.	Don Cady	City parking ordinance shown in the presentation will require cars to be parked within a certain distance from the intersection. The connection proposed is a stop controlled intersection similar to Brixton Lane.	1/23/2025 18:34
27	If the board approves your plan is that final or does it need to go before the City Council?	Barbara Beaven	live answered	1/23/2025 18:35
28	Given then entirety of the downside will be felt by Spyglass Hill, please explain how Spyglass Hills perspectives, values, and concerns were collected and incorporated into the current proposal.	Stuart Gregory	The City took into consideration Spyglass Hills concerns and ultimately the public's health and safety are best served by this solution to allow Spyglass Falls drivers an additional option for making a safe left hand turn out of their neighborhood. Further, data on safety concerns from Spyglass Hill were addressed and checks were made to attain the safest resolution to the issue	1/23/2025 18:35
29	You reviewed the signal warrants. Do this apply to roundabouts also?	Katie Wantz	live answered	1/23/2025 18:35
30	This would get them to the connector path as well without inconveniencing SpyGlass Hill. Shouldn't there just be a focus for their neighborhood on this option and it's always been there.	Jason Harrison	Options were studied and presented to all in the presentation and how the recommendation was chosen.	1/23/2025 18:35
31	What was the explanation for one way instead of two way to Spyglass Hills? Is it assumed that less traffic going out to 116 will decrease crashes?	Anonymous Attendee	Entrance to spyglass falls does not pose a safety concern, the concern was exiting spyglass falls.	1/23/2025 18:35
32	You mentioned the "crash rate" along Knightsbridge Lane oave the last 5 - 10 years was 2 crashes. Was there any consideration given to the crash rate increasing along Knightsbridge and Deering with the connector between Spy Glass Falls and Spy Glass Hill? This stretch of road in Spy Glass Hill is already busy with speeding a frequent occurrence and will only increase.	Brad Auger	live answered	1/23/2025 18:36
33	Will Spyglass Hills receive any compensation for wear and tear based on increased traffic?	Anonymous Attendee	live answered	1/23/2025 18:36
34	Is the traffic count out of Klotz Farm within DOT limits?	Sarah Lange	live answered	1/23/2025 18:36
35	That intersection has never been right turn only!	David Dezelan	live answered	1/23/2025 18:36
36	Has there been a driving speed study done on 116th street? Has there been consideration of the four lanes of traffic, increased utility and timing of traffic lights at Cumberland/116th and 116th/Hoosier Rd? This may be a potential root cause as to why it is difficult to exit the neighborhood.	Deb Slough	Coordination of the light signals on 116th between cumberland and hoosier was implemented to create gaps. It had minimal impact due to the increased left and right turn traffic from hoosier and cumberland road that decreased the gaps	1/23/2025 18:36
37	So, does it ever go before the city council?	Barbara Beaven	live answered	1/23/2025 18:36
38	Has there been any consideration to the traffic flow (not just volume) on Cumberland? It is much harder to find a gap to turn out of Deering with the more consistent flow.	Ryan Robertson	Traffic on cumberland will be addressed with the proposed project on cumberland road from 106th to 116th street	1/23/2025 18:36
39	The streets in Hills are 6' more narrow than the streets in Falls. Has this been considered?	Mary Pape-Orlowski	live answered	1/23/2025 18:37
40	Could you please clarify the Zillow slide? This isn't a projection of how home values will be impacted in Spyglass Hill after connector installation, correct?	Anonymous Attendee	the zillow slides show a house at the connector between lake stonebridge and spyglass hill and another house away from the connector and the value trend is the same for the two homes.	1/23/2025 18:37
41	Another thought would be to look into the timing of the traffic lights on Cumberland and Hoosier and 116th to provide for gaps in the traffic to help left turns out of all 3 neighborhoods.	Sharon Calderone	Coordination of the light signals on 116th between cumberland and hoosier was implemented to create gaps. It had minimal impact due to the increased left and right turn traffic from hoosier and cumberland road that decreased the gaps	1/23/2025 18:37

42	In 2016 intersection safety was defined as being within crash test frequency limits of around 1.7 crashes per year and was not deemed to unacceptably high. The crash rate has not changed substantially since then. 1.7 crashes per year just doesn't sound that high.	Stuart Gregory	live answered	1/23/2025 18:38
43	Exiting at Deering has become more problematic due to the roundabout and additional traffic. Is there a study planned to assess safety with increased traffic, especially considering the proposed plans for widening Cumberland Rd.?	Jennifer Lynn	Traffic on cumberland will be addressed with the proposed project on cumberland road from 106th to 116th street	1/23/2025 18:38
44	The no cost option with right turn only has never been tried. Therefore saying it doesn't work is incorrect. It has to be tried before it can be said it doesn't work	David Dezelan	A right hand turn only will result in drivers making an unsafe u-turn on 116th Street and is not a viable safe solution to this issue.	1/23/2025 18:38
45	Aren't we in violation of existing Fishers ordinances now on number of exits needed for a neighborhood the size of Spyglass Falls?	Roy Rlvanderford@gmail.com	In its current configuration with only one open exit point, it does not meet current subdivision standards.	1/23/2025 18:38
46	If the connector moves forward does that put a three way stop at the top of Knightsbridge Ln?	Matt Parrish	A three-way stop is an option at this location.	1/23/2025 18:39
47	It doesn't seem that the solution presented actually addresses the issue with the increasing traffic on 116th St. and the difficulty with turning left out of either neighborhood. Is there a long term solution being considered to address what we would consider the true root cause of the issue?	Darryl Dixon	The city is constantly monitoring all the arterials in the city . This is an ongoing effort for our department	1/23/2025 18:39
48	was a round-about considered at 116th and Hoosier Road? both Spyglass Falls & Hill could turn right out of their subdivisions and utilize a round-about just 2 blocks away. It seems like that intersection will grow and warrant a round-about in the future with a community center and new apartments there now.	Julie Garrett	live answered	1/23/2025 18:39
49	Why is the speed limit of 40 not enforced on 116th Street between Cumberland Road and Klotz Farm Blvd?	Mary Pape-Orlowski	Enforcement is present all along the city streets	1/23/2025 18:39
50	Can the decision be made ahead of 2/25 if they have made their conclusion, or that is when we should anticipate it will be decided?	Jana Hancock	The Board will vote on 2/25 during the public meeting.	1/23/2025 18:39
51	Does the city have plans to widen Cumberland or 106th?	James Bronson	Yes, a project to widen Cumberland from 106th to 116th Street is planned and is currently in the utility relocation stage.	1/23/2025 18:39
52	Will you be somehow counting the number of cars from SF to SH on a daily basis for awhile. I think it would be dar more than the 10-15 a day that you mentioned.	Barbara Beaven	We will be monitoring all roads in the city	1/23/2025 18:39
53	Is safety out of spyglass falls the number one priority?	Jonathan Flegel	The City's main goal and concern is public health and safety of all residents by reducing vehicle accidents and providing a safe exit for residents and school buses	1/23/2025 18:39
54	You also mentioned that the option to extend a road from Cascades Ct. to Cumberland Rd would increase the impact to Spy Glass Falls. Was consideration given to the fact that the connector bewteen SGF and SGH would increase the impact to SGH? Also, can you elaborate as to why a house was allowed to be built on the lot in SGF where a connector was supposed to go out to Cumberland?	Brad Auger	This was only a construction entrance during construction and was not slated to be an entrance. The impact with that option is the total acquisition of a home and relocation of the family in that home in addition to the increased environmental impact the the adjacent creek and potential mitigation and flood plain issues. the connector will be built on public right of way and no acquisition nor relocation is needed	1/23/2025 18:39
55	Tonight we were given the same argument that we were during this discussion in the past "no one in Spyglass Falls will actual use this access road anyways, so we don't anticipate increased issues on Knightsbridge or Dearing". If this is the case why are we once again evaluating spending 300k to 3mm dollars for "no one to use it" or as the presenter said tonight "10 people"	Bryon Foley	The City's main goal and concern is public health and safety of all residents by reducing vehicle accidents and providing a safe exit for residents and school buses. The crash numbers and data support the need to provide an alternate for Spyglass Falls.	1/23/2025 18:39
56	Based on traffic count out of Spyglass Falls relative to the warrant for a stoplight, this isn't an issue. Issue seems to be driving behavior of Spyglass Falls drivers. isn't a legal + viable option not to take any action?	Sarah Lange	The City's main goal and concern is public health and safety of all residents by reducing vehicle accidents and providing a safe exit for residents and school buses. The crash numbers and data support the need to provide an alternate for Spyglass Falls and so taking no action is no longer a viable option.	1/23/2025 18:39
57	I live in SGF and on the HOA. How about advising west-bound traffic to merge into the right lane and allow cars to verge into traffic. A yellow light could flash, alerting cars to move into the right lane only and vacate the left lane.	David Magner	Can you elaborate more, I do not follow the proposed solution ?	1/23/2025 18:39
58	Wasn't the neighborhood originally designed to have the exit you're suggesting?	Roy Rlvanderford@gmail.com	Yes, a 50' R/W was platted for this connection	1/23/2025 18:40
59	How many homes are in Spyglass falls compared to Spyglass Hills? Would this number help explain the number of accidents?	Lee Smith	Pursuant to City records, Spyglass Hills has approximately 325 homes and Spyglass Falls has approximately 235 homes.	1/23/2025 18:40
60	What would City engineering highlight as the main benefits of the connector to Spyglass Hill, if any?	Anonymous Attendee	The City's main goal and concern is public health and safety of all residents by reducing vehicle accidents and providing a safe exit for residents and school buses. The crash numbers and data support the need to provide an alternate for Spyglass Falls.	1/23/2025 18:40
61	Can he address my question...seems overlooked. Plus only 10-15 vehicles/hour is the guess...how was this determined?	Jason Harrison	Information will be available in the report	1/23/2025 18:41
62	What are the plans to address the real issue, that being the amount of traffic on 116th? This proposal seems to be a stop-gap at best.	Don Cady	116th street is a main arterial and is a east west connection for the entire city. We are always monitoring all of our roads and trying to optimise the utilisation and provide a safe route for everyone. This is apparent with our contant upgrade to the traffic signals along all of our east west corridors in addition to safety studies like SS4A to give us better opportunities for funding in the future	1/23/2025 18:41
63	How many people are on the board that this will be presented to on Tuesday, January 28? And who are those people that are on the board?	Brad Auger	The Board of Public Works & Safety is made up of 3 members, Mayor Scott Fadness, Jeff Lantz and Steve Orusa	1/23/2025 18:41
64	Does the one way road meet the requirements so that Spyglass Falls is up to code as far as entrance/exits?	Anonymous Attendee	The one-way will be built to City standards and codes and will bring Spyglass Falls up to current standards for entrances/exits required in a subdivision.	1/23/2025 18:41
65	Have you considered just putting up 1 stoplight rather than 2? One light should be about four this.	Sarah Lange	Yes, this is an option presented in the report.	1/23/2025 18:41

66	Was the increase in volume from cars and busses on Deering analyzed? It already backs up when trying to turn on Cumberland.	Libby Quillen	Cumberland road is undergoing a widening project and will address the turning movements. The anticipated addition is approx 10-15 cars in peak hour	1/23/2025 18:41
67	Can this be discussed please and thank you, Has there been a driving speed study done on 116th street? Has there been consideration of the four lanes of traffic, increased utility and timing of traffic lights at Cumberland/116th and 116th/Hoosier Rd? This may be a potential root cause as to why it is difficult to exit the neighborhood.	Deb Slough	This solution has been implemented with the intention to create gaps in traffic to allow safe lefthand turns. Ultimately it had minimal impact due to the increased left and right turn traffic from Hoosier Road and Cumberland Road that have decreased the traffic gaps.	1/23/2025 18:41
68	How probable is finding a resolution this time about?	Anonymous Attendee	The Board of Public Works & Safety will hear the presentation on 1/28/25 at 9:00 am and will open up public comment at its 2/25/25 meeting prior to voting on this item. Public comments can also be submitted at https://fishersin.gov/service-or-resource/submit-a-public-comment/	1/23/2025 18:41
69	Thank you for the thorough study. I think that this is well thought out and very reasonable and the best solution.	Michele Meyers	thank you	1/23/2025 18:41
70	And final implementation??	Anonymous Attendee	If approved by the Board, the project will be included in our resurfacing packages this year and construction would be included in our resurfacing packages for this year.	1/23/2025 18:42
71	Scott Fadness was asked this question and he said that may not be feasible. However, I believe this is attainable with very little cost or issues. Please consider this option when you make the public hearing on Jan. 28th. Thank you.	David Magner	Thank you	1/23/2025 18:42
72	I did not hear about fatality in last year exiting Spyglass Hill? But also would like to know if adding car volume from both Klotz farm and Spyglass warrants single light enabling u turn	Patricia Lear	The connection will allow residents to access Cumberland Rd. Spyglass falls can already turn right off of 116th street on klotz farm	1/23/2025 18:43
73	The city set a goal in the Fishers 2040 Framework to improve traffic management on 116th. This is listed as “in progress”. Why isn’t one alternative to apply the funds, resources, and more time towards a more durable solution that directly addresses the 116 traffic, which appears to be the root cause. The current solution doesn’t address the root cause, which is an increase in traffic on 116th.	Stuart Gregory	116th street is a main arterial and is a east west connection for the entire city. We are always monitoring all of our roads and trying to optimise the utilisation and provide a safe route for everyone. This is apparent with our constant upgrade to the traffic signals along all of our east west corridors in addition to safety studies like SS4A to give us better opportunities for funding in the future	1/23/2025 18:43
74	A stop light at Spyglass Falls would benefit multiple subdivisions on 116th Street to east turning.	Mary Pape-Orlowski	Warrants were not met for a signal at this intersection	1/23/2025 18:43
75	Would the stop sign at the end of the proposed one-way extension be a three-way stop?	Tino Solis	A three-way stop is an option at this location.	1/23/2025 18:43
76	Adding one roundabout between Cumberland and Hoosier road will be safer and more efficient - has it been considered?	Jeff Rhodes	This has been considered in the options	1/23/2025 18:43
77	Can you tell us the benefits for Spyglass Hill that would come from this?	Kelly Glogoza	This option helps reduce the crashes on our roadways and provides a safer route for neighbors and school buses for both neighborhoods.	1/23/2025 18:44
78	Can you please elaborate on the Cumberland Rd` project that you mentioned between 106th and 116th? Currently turning south from Spyglass Hill is often already difficult.	Katie Wantz	This project is currently in the utility relocation phase. We are working with the MPO and utilities to accelerate this project	1/23/2025 18:44
79	If you were to just put up 1 light, couldn't the traffic from the 2 adjacent side roads be added together for the warrant?	Sarah Lange	Signal warrants were not met along 116th street and the two neighborhoods	1/23/2025 18:44
80	Ashley, Could you please read my comments to Hatem, so he is aware of this option to consider. Thank you.	David Magner		1/23/2025 18:45
81	Would you welcome this in your neighborhood	Anonymous Attendee		1/23/2025 18:45
82	how do you propose enforcing a one way access to/from the cutthrough? There is nothing stopping people coming north on Knightsbridge to turn on the the cut Thru.	Ray Campisi	Enforcement of all the roads are a priority for our PD and if this connector becomes an issue then this will be enforced and ticketed like any other street in the city	1/23/2025 18:45
83	With the connector between Laurel Falls and Knightsbridge be lighted and include speed bumps?	Jeff Rhodes	The City does not utilise speed bumps. Lights can be installed if there are adjacent connections and service points to tie into.	1/23/2025 18:45
84	What about the 30 day review period before decision??	Sarah Lange	The Board of Public Works & Safety will hear the presentation on 1/28/25 at 9:00 am and will open up public comment at its 2/25/25 meeting prior to voting on this item. Public comments can also be submitted at https://fishersin.gov/service-or-resource/submit-a-public-comment/	1/23/2025 18:45
85	Would this one-way road between neighborhoods increase hazardous driving with any car wanting to use Cumberland/Knightsbridge as a shortcut to enter Spyglass Falls instead of going around to 116 to enter the neighborhood	Anonymous Attendee	Drivers’ speed will be patrolled as any other road in the City and violators will be cited. If residents see an increase in hazardous driving, please report to the police department and we can request increase of patrols.	1/23/2025 18:46
86	Has there been any consideration to the traffic flow (not just volume) on Cumberland? It is much harder to find a gap to turn out of Deering with the more consistent flow.	Ryan Robertson	Yes, a project to widen Cumberland from 106th to 116th Street is planned and is currently in the utility relocation stage.	1/23/2025 18:46
87	If the crashes per year haven’t substantially changed at the Spyglass exit (remained at 1.7 per year), is the main driver just the longer wait times for Spyglass Falls leaving their neighborhood due to more 116th street traffic.	Stuart Gregory	No, the main driver is not wait times but rather that the crashes at this intersection occur 3-4 more frequently than adjacent exits.	1/23/2025 18:46
88	Was my question addressed...I don't believe so.	Jason Harrison		1/23/2025 18:46
89	If only 10-15 cars will use the new exit, how will that decrease the crash rate and unsafe exit for spyglass falls?	Michelle Bickel	This is only for the peak hour, this connection will be utilised throughout the day and decrease left turners onto 116th street. Similar to spyglass hill that has 3 entry/exit points and does not have the same amount of crashes at its entry/exit point	1/23/2025 18:46
90	With the roundabout option at Spyglass Ridge, are any homeowners displaced? It seems that this option benefits at least three neighborhoods immediately.	Katie Wantz	No, a roundabout at Spyglass Ridge does not displace any homeowners, but it is exponentially more expensive and difficult to implement.	1/23/2025 18:46

91	Isn't it a legal + viable option not to make any changes? Why isn't this being considered?	Sarah Lange	The City's main concern is public health and safety of all residents by reducing vehicle accidents and providing a safe exit for residents and school buses. The crash numbers and data support the need to provide an alternate for Spyglass Falls and so taking no action is no longer a viable option.	1/23/2025 18:46
92	Thank you!	Felipe Gonzalez	Thank You Felipe	1/23/2025 18:46
93	Can you please repeat, when will the updated report be available to residents ahead of the meeting Tuesday?	Jana Hancock	The report will be available to the board and the public Tuesday at the meeting. This will be reviewed by the board for 30 days, with public comments available for submission from the public throughout this period. This also allows the public to review the report	1/23/2025 18:47
94	We've gotten conflicting info tonight. 30 day review vs making decision next week. What is really going to happen?	Sarah Lange	The Board of Public Works & Safety will hear the presentation on 1/28/25 at 9:00 am and will open up public comment at its 2/25/25 meeting prior to voting on this item. Public comments can also be submitted at https://fishersin.gov/service-or-resource/submit-a-public-comment/	1/23/2025 18:47
95	Tino did not have any of his questions answered in this call. Please answer them in the materials.	Tino Solis	Our apologies if you felt your questions had been overlooked, We received a number of questions in a short amount of time and hopefully have addressed them all in this document. Please feel free to reach out to me directly if you have any other questions.	1/23/2025 18:47
96	My questions are strangely being overlooked.	Sarah Lange	Our apologies if you felt your questions had been overlooked, We received a number of questions in a short amount of time and hopefully have addressed them all in this document. Please feel free to reach out to me directly if you have any other questions.	1/23/2025 18:48
97	Thank you. A two way connection would also provide two access points into spyglass falls for fire and emergency vehicles.	Anonymous Attendee		1/23/2025 18:48
98	?	Matt Parrish		1/23/2025 18:48



Appendix B – Crash Reports 116th Street and Klotz Farm Boulevard



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903916980

Local ID

Page

1

of

4

202142148

Date of Crash 11/16/2021	Day of Week Tue	Actual Local Time 7:28 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude							
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition WATER (STANDING OR MOVING) Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface CONCRETE Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN 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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant # Name														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant # Name					Street/Highway									
Address etc.														
Phone # Location at Time of Crash					Traffic Control? If yes, was traffic control operational?									

Local ID

202142148

**Type of
Crash**

RIGHT ANGLE

Time Notified 7:33 AM	Time Arrived 7:36 AM	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 11/16/2021	
Investigating Officer GRIFFITH, K		ID No. 3193	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver of V1 advised via translator that he was stopped at 116th Street on Klotz Farm Blvd intending to turn left (west). He stated he looked both ways and then pulled out and collided with V2 who was eastbound in the right lane of 116th Street.

Driver of V2 stated he was eastbound on 116th Street passing Klotz Farm when V1 pulled out in front of him.

D1 had a stop sign, D2 had the right of way at that particular intersection.

V1 and V2 both sustained heavy front end damage resulting in airbag deployment. Both were towed due to disabling damage. D1 had abrasions on his shins but refused medical treatment and D2 stated he was uninjured. End of report.

Submitted By:

Officer Kyle Griffith #3193

Axon Video Available

UNIT INFORMATION

903916980

Page 3 of 4

Local ID
202142148

1 Driver's Name (Last, First, MI)		Safety Equipment Used UNKNOWN			
Address (Street, City, State, Zip)		Safety Equipment Effective? N/A			
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 10/02/1956	Age 65	Gender MALE	EMS No. NONE	Inmed Attn NO	Driver Injury Status REFUSED - REFUSED TREATMENT
Driver's License #		Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury ABRASION
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury KNEE/LOWER LEG/FOOT	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1	Color SIL	Vehicle Year 2018	Make JEEP	Model CHE	Style UT
# Occupants 3	Lic Year 2022	License #		License State IN	
# Axles 2	Speed Limit 35	Insured By ERIE		Phone Number 0000000000	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		Initial Impact Area	
Address (Street, City, State, Zip)		Same as Driver		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS IN 46037		Vehicle Use		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		Areas Damaged (Multiples)	
Lic State		Registered Owner's Name (Last, First, MI)		Front ☒ ☐ ☐ Rear ☐ ☐ ☐	
License #		Address (Street, City, State, Zip)		Emergency Run? NO	
Veh Year		Make		Vehicle Type SPORT UTILITY VEHICLE	
Lic State		Registered Owner's Name (Last, First, MI)		Pre-Crash Vehicle Action TURNING LEFT	
License #		Address (Street, City, State, Zip)		Direction of Travel NORTH	
Veh Year		Make		Type of Primary/Secondary Roadway	
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		Event Collision With 1. ANOTHER MOTOR VEHICLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Class #		HAZMAT Class #		HAZMAT Class #	

UNIT INFORMATION

903916980

Page 4 of 4

Local ID
202142148

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used UNKNOWN											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? N/A											
FISHERS IN 45038				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 09/14/1988		Age 33		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results				Initial Impact Area			
Veh# 2		Color RED		Vehicle Year 2021		Make KIA		Model SCL		Style 4D		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ ☐ Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2022		License # [REDACTED]		License State KS		Phone Number 0000000000				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☒ ☒ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 35		Insured By LIBERTY MUTUAL		Phone Number 0000000000						☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☒ ☒ Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Address (Street, City, State, Zip) [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)			
TULSA OK 74134				Towed? To MILLERS TOWING YES By MILLERS TOWING Due to Disabling Damage YES				Emergency Run? Fire? NO							
License# [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON							
Veh Year [REDACTED]				Make [REDACTED]				Pre-Crash Vehicle Action GOING STRAIGHT							
License# [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Direction of Travel EAST							
Veh Year [REDACTED]				Make [REDACTED]				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☒ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
HAZMAT Proper Shipping Name: [REDACTED]				State DOT# [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE 2. CURB							
US DOT# [REDACTED]				ICC# [REDACTED]				CMV Inspection If Yes							
Gross Vehicle Weight Rating [REDACTED]				Cargo Body Type [REDACTED]											
HAZMAT Placard [REDACTED]				HAZMAT Release of Cargo [REDACTED]				HAZMAT 4-Digit ID# [REDACTED]							
Hazard Class # [REDACTED]															

State Id:
904314376

Local Id
2023-32222

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location E 116TH STREET at intersection of KLOTZ FARM BLVD		County HAMILTON	Township DELAWARE	City FISHERS
	Crash Date 07/21/2023	Day of Week Friday	Crash Time 19:27 PM	Date of Report 07/21/2023	Latitude 39.95712856
	Weather Condition CLEAR		Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface CONCRETE	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment
					☐ Rumble Strips
Investigative Information	Time Notified 1934	Time Arrived 1938	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash LEFT TURN	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash: \$10001 TO \$25000
	Investigative Officer SINGH, JASMEET	Agency FISHERS PD	ID Number 3209		
	Reviewing Officer				
	Assisting Officer				
	Assisting Officer				
Narrative	The following was written by SINGH, JASMEET				
	On Friday, July 21, 2023 at 19:27, SINGH, JASMEET responded to a crash on e 116th street at intersection the of KLOTZ FARM BLVD and the road surface was Dry. Vehicle 1, Silver/Aluminum Kia Rio, Turning left. Vehicle 2, Blue Chevrolet Express, Going straight. D1 stated he was turning left from Klotz Farm Blvd to go westbound E 116th Street. D1 stated he didn't D2 when turning and accidentally struck D2... D2 stated she was in the right lane going westbound on E 116th St when she was struck by D1. No reported injuries.				

State Id
904314376

Local Id
2023-32222

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
		08/13/1965	57	M
Driver's License Number	Lic Type	Lic State	CDL Class	
	OP	IN		
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
LAP BELT, MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	SILVER/ALU	2023	1	
Make	Model			
KIA	Rio			
Style				
4-DOOR				
Insured By				
SAFE AUTO				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
	2023	IN		
Towed?	Towed Due to Disabling Damage?			
YES	YES			
Company Towed By	City Towed To		Fire?	
GARNERS	WESTFIELD		NO	
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI-LANE DIVIDED 3 OR MORE (TWO-WAY)	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
NORTHWEST	TURNING LEFT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40				
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
		06/24/2004	19	F
Driver's License Number	Lic Type	Lic State	CDL Class	
	OP	IN		
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
LAP BELT, MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	BLUE	2012	1	
Make	Model			
CHEVROLET	Express			
Style				
VAN				
Insured By				
GREAT AMERICAN ALLIANCE COMPAN				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
	2024	IN		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To		Fire?	
			NO	
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI-LANE DIVIDED 3 OR MORE (TWO-WAY)	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40				
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904314376

Local Id
2023-32222

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
Factors	Unit 2 :
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904314376

Local Id
2023-32222

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram

End of Report

State Id
904447702

Local Id
2024-07087

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 1 Fatalities 0

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]					
Crash Details	Location EAST 116TH ST at intersection of KLOTZ FARM BLVD			County HAMILTON	Township DELAWARE	City FISHERS
	Crash Date 02/11/2024	Day of Week Sunday	Crash Time 18:12 PM	Date of Report 02/12/2024	Latitude 39.95707317	Longitude -85.98783342
	Weather Condition CLEAR	Light Condition DAWN/DUSK		Locality URBAN	Inside Corporate Limits? YES	☐ School Zone
	Roadway Surface ASPHALT	Surface Condition DRY		Roadway Classification LOCAL/CITY ROAD		☐ Train or Rail Equipment
	☐ Construction Zone	Construction Type		Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Rumble Strips
						☐ Deer
☐ Underride crash						
Investigative Information	Time Notified 1814	Time Arrived 1819	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO	
	Type of Crash LEFT TURN	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed
	Investigative Officer NOEL, BRANDON		Agency FISHERS PD	ID Number 3233		
	Reviewing Officer NOEL, BRANDON		FISHERS PD	3233		
	Assisting Officer					
	Assisting Officer					
Reconstruction Officer						
Narrative	The following was written by NOEL, BRANDON					
	On Sunday, February 11, 2024 at 18:12, Noel, Brandon responded to a crash on East 116th St at intersection the of Klotz Farm Blvd and the road surface was Dry. Vehicle 1, SilverAluminum Subaru Impreza, Turning left. Vehicle 2, White Chevrolet Malibu, Going straight. V1 was traveling northbound on Klotz Farm Blvd and stopped at the stop sign for the intersection with East 116th Street. V2 was traveling eastbound in the right/#2 lane of E. 116th Street, approaching the intersection with Klotz Farm Blvd. V1 proceeded from a stopped position in front of V1 and collided its front end with the front, right end of V2. Both vehicles were towed from the scene due to disabling damage. Driver 1 stated he stopped at the stop sign for Klotz Farm Blvd at E. 116th Street but he stated he could not completely recall if he was trying to turn right or left onto E. 116th Street. D1 then told me he thought was turning left onto WB East 116th Street. He told me the left side of his head hit the front driver side window of V1 during the collision. D1 said he may go get checked out at the hospital with father who was on-scene. I did not observe any apparent injury on D1. Driver 2 stated he was driving in the right of thee two EB lanes of E. 116th Street when V1 suddenly pulled out in front of him. D2 stated on-scene that he was uninjured. D2 also stated the V2 was not currently insured as it had only recently been repaired and made drivable. During the investigation, it was determined that D2's driver's license was currently suspended (w/prior conviction).					

State Id
904447702

Local Id
2024-07087

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Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 1 Fatalities 0

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FISHERS PD, ORI 0290700

Unit 1 Driver				☐ Hit & Run				☐ Aggressive Driving				☐ Immediate Medical Attention			
Last Name				First				Middle							
Address				DOB				Age				Gender			
				09/28/2001				22				M			
Driver's License Number				Lic Type				Lic State				CDL Class			
				OP				INDIANA							
Apparent Physical Status				Restrictions											
NORMAL				NONE											
Test Given				Type Given											
NONE															
Driver Injury Status				EMS Number											
POSSIBLE															
Nature of Most Severe Injury				Location of Most Severe Injury											
COMPLAINT OF PAIN				HEAD											
Safety Equipment Used				Safety Equipment Effective				Ejection/Trapped							
AIRBAG DEPLOYED, UNKNOWN								NOT EJECTED OR TRAPPED							
If Cited				IC Codes											
Vehicle Information															
Veh #		Color		Veh Year		Occupants		Initial Impact Area							
1		SILVER/ALU		2017		1		12							
Make		Model						Undercarriage							
SUBARU		Impreza						Trailer							
Style								None							
4-DOOR								Unknown							
Insured By								Damage to Roof							
PROGRESSIVE															
Policy #		Ins Phone #													
VIN								Areas of Damage							
4								Undercarriage							
Plate Number		Plate Exp Year		Plate State				Trailer							
		2024		INDIANA				None							
Towed?		Towed Due to Disabling Damage?						Unknown							
YES		YES						Damage to Roof							
Company Towed By		City Towed To		Fire?											
INTERSTATE		FISHERS		NO											
Vehicle Use		Event Collision With													
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE													
Emergency Run?		Type of Roadway		Roadway Character											
		MULTI-LANE W/CURB RAISED MEDIAN		STRAIGHT/GRADE											
Direction of Travel		Pre-Crash Vehicle Action		# of Axles		☐ Oversized									
NORTH		TURNING LEFT		2											
Speed Limit		Traffic Control Devices		Devices Operational?											
40		STOP SIGN													
Owner Information															
Vehicle Owner's Name				Address (Street/City, State Zip)											
Commercial Vehicle Information															
Carrier's Name				Address (Street, City, State, Zip)											
US DOT Number				CMV Inspection											
HAZMAT Pictard				HAZMAT Proper Shipping Name				HAZMAT Release of Cargo							
Gross Vehicle Weight Rating				Hazmat 4-digit ID				Hazmat Class #				Cargo Body Type			

Unit 2 Driver				☐ Hit & Run				☐ Aggressive Driving				☐ Immediate Medical Attention			
Last Name				First				Middle							
Address				DOB				Age				Gender			
				03/25/1960				63				M			
Driver's License Number				Lic Type				Lic State				CDL Class			
				OP				INDIANA							
Apparent Physical Status				Restrictions											
NORMAL				OTHER											
Test Given				Type Given											
NONE															
Driver Injury Status				EMS Number											
Nature of Most Severe Injury				Location of Most Severe Injury											
Safety Equipment Used				Safety Equipment Effective				Ejection/Trapped							
AIRBAG DEPLOYED, UNKNOWN								NOT EJECTED OR TRAPPED							
If Cited				IC Codes											
MISDEMEANOR				9-24-19-2											
Vehicle Information															
Veh #		Color		Veh Year		Occupants		Initial Impact Area							
2		WHITE		2003		1		12							
Make		Model						Undercarriage							
CHEVROLET		MALIBU						Trailer							
Style								None							
4-DOOR								Unknown							
Insured By								Damage to Roof							
NO INSURANCE															
Policy #		Ins Phone #													
VIN								Areas of Damage							
								Undercarriage							
Plate Number		Plate Exp Year		Plate State				Trailer							
		2022		INDIANA				None							
Towed?		Towed Due to Disabling Damage?						Unknown							
YES		YES						Damage to Roof							
Company Towed By		City Towed To		Fire?											
PADDACK'S		NOBLESVILLE		NO											
Vehicle Use		Event Collision With													
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE													
Emergency Run?		Type of Roadway		Roadway Character											
		MULTI-LANE W/CURB RAISED MEDIAN		STRAIGHT/GRADE											
Direction of Travel		Pre-Crash Vehicle Action		# of Axles		☐ Oversized									
EAST		GOING STRAIGHT		2											
Speed Limit		Traffic Control Devices		Devices Operational?											
40															
Owner Information															
Vehicle Owner's Name				Address (Street/City, State Zip)											
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Carrier's Name				Address (Street, City, State, Zip)											
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Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 1 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make
Property Damage	State Property	Description	Owner's Name and Address					
Factors	Unit 1 :							
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)							
Factors	Unit 2 :							
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)							

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Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902720555

Local ID

Page 1 of 4

201624382

Date of Crash 06/11/2016	Day of Week Sat	Actual Local Time 7:30 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM DR		If not an intersection, number of feet from 500	Direction W	Road Classification LOCAL/CITY ROAD																																																																																																																																																																																																																																																																																																																							
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																								
<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Driver Contributing</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td></tr><tr><td>Circumstances</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Alcoholic Beverages</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Illegal Drugs</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Prescription Drugs</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Asleep or Fatigued</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Illness</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Speed</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Failure to Yield</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Disregard Signal</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Left of Center</td><td>☐</td><td>☒</td><td>☐</td><td>☐</td></tr><tr><td>Improper Passing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Turning</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Lane Usage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Following Too Closely</td><td>☐</td><td>☐</td><td>☒</td><td>☒</td></tr><tr><td>Unsafe Backing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Overcorrecting</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Ran off Road</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Wrong Way on One Way</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Pedestrian's Action</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Passenger Distraction</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Restriction Violation</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Jackknifing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Cell Phone Usage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other 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Lights Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Steering Failure</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Window/Windshield Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Oversize/Overweight Load</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Insecure/Leaky Load</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Tow Hitch Failure</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>None</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing	☐	☐	☐	☐	Circumstances	☐	☐	☐	☐	Engine Failure or Defective	☐	☐	☐	☐	Accelerator Failure or Defective	☐	☐	☐	☐	Brake Failure or Defective	☐	☐	☐	☐	Tire Failure or Defective	☐	☐	☐	☐	Headlight(s) Defective or Not On	☐	☐	☐	☐	Other Lights Defective	☐	☐	☐	☐	Steering Failure	☐	☐	☐	☐	Window/Windshield 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Local ID

201624382

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 7:31 AM	Time Arrived 7:32 AM	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 06/11/2016	
Investigating Officer GROUT, D		ID No. 3048	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver #1 stated that he was traveling westbound on 116th St, in the right hand lane. D#1 stated that he saw vehicle #2 (bicyclist) in the right hand lane, riding on the center lane divide markings. D#1 stated that V#2 was swaying towards the left so he thought he had enough room to pass. D#1 stated that when he attempted to pass on the right of V#2, V#2 swayed towards the right. D#1 stated it was at that time that he struck the rider on her right arm with his driver's side outside mirror, knocking her off the bike.

When asked, Driver #2 (bicyclist), stated that she did not remember what had happened. When asked again a short time later by the medics on the scene, the bicyclist again stated that she did not remember what had happened.

NOTE: Vehicles were moved prior to officers arrival.

UNIT INFORMATION

902720555

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Local ID
201624382

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/25/1994		Age 22		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☒ None		Location of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color BLUE		Vehicle Year 2003	
# Occupants 1		Lic Year 2017		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By NATIONWIDE	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		License State IN	
Address (Street, City, State, Zip)		Phone Number 8004213535		Initial Impact Area	
FISHERS		IN 46037		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Areas Damaged (Multiples)	
Lic State		Lic Year		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run?	
Registered Owner's Name (Last, First, MI)		Fire?		NO	
License#		Address (Street, City, State, Zip)		Vehicle Type	
Veh Year		Make		PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action	
Registered Owner's Name (Last, First, MI)		OVERTAKING/PASSING		Direction of Travel	
License#		Address (Street, City, State, Zip)		WEST	
Veh Year		Make		Type of Primary/Secondary Roadway	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
US DOT#		ICC#		☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With 1. BICYCLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Class #					

NON-DRIVER INJURED INFORMATION

902720555

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Local ID
201624382

Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
FISHERS IN 46037			EMS No.	Immed Attn	Injury Status
Date of Birth 01/15/1960			3337	YES	INCAPACITATING -
Age 56			Nature of Most Severe Injury ABRASION		
Gender FEMALE			Location of Most Severe Injury SHOULDER/UPPER ARM		
Position in or on Vehicle			Test Given		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear ☐			Type Given		
			☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results		
			Certified Test ☐ Pending		
			Drug Results		
			PBT		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth			Nature of Most Severe Injury		
Age			Location of Most Severe Injury		
Gender			Test Given		
Position in or on Vehicle			Type Given		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear ☐			☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results		
			Certified Test ☐ Pending		
			Drug Results		
			PBT		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth			Nature of Most Severe Injury		
Age			Location of Most Severe Injury		
Gender			Test Given		
Position in or on Vehicle			Type Given		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear ☐			☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results		
			Certified Test ☐ Pending		
			Drug Results		
			PBT		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth			Nature of Most Severe Injury		
Age			Location of Most Severe Injury		
Gender			Test Given		
Position in or on Vehicle			Type Given		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear ☐			☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results		
			Certified Test ☐ Pending		
			Drug Results		
			PBT		



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 5

902771625

Local ID

201637776

Date of Crash 09/06/2016	Day of Week Tue	Actual Local Time 8:28 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 3	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM BLVD		If not an intersection, number of feet from 300	Direction W	Road Classification LOCAL/CITY ROAD																																																																																																																																																																																																																																																																																																																							
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
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Other Property Damage (1)		State Property	Owner's Name and Address																																																																																																																																																																																																																																																																																																																											
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Local ID

201637776

**Type of
Crash**

REAR END

Time Notified 8:28 AM	Time Arrived 8:32 AM	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 09/06/2016	
Investigating Officer DAVID, A		ID No. 3033	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 advised she was traveling W/B on 116th St in the left hand lane. D1 stated she did not realize traffic in front of her was stopped. D1 attempted to stop but was unable to. V1 collided with V2 causing damage.

D2 advised he was traveling W/B on 116th St in the left lane. D2 advised his vehicle was stopped in traffic. D2 stated he observed V1 in his rearview mirror approaching quickly. D2 attempted to move out of the way but was unable to. V1 collided with the rear of V2 causing damage. The collision pushed V2 forward, colliding with the rear of V3.

D3 advised she was traveling W/B on 116th St in the left lane. D3 stated while sitting stationary in traffic her vehicle was struck from behind by V2 causing damage.

UNIT INFORMATION

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Local ID
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1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
		Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/10/1987		Age		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color BLK		Vehicle Year 2011	
# Occupants 1		Lic Year 2017		License #	
# Axles 2		Speed Limit 40		Insured By TRAVELERS	
Vehicle Identification #		Model JETTA		Style 4D	
Registered Owner's Name (Last, First, MI)		License State IN		Phone Number 8008425075	
Address (Street, City, State, Zip)		Initial Impact Area		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
FISHERS IN 46037-7286		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To BOGGS YES By BOGGS		Due to Disabling Damage YES		Vehicle Use PERSONAL (FARM, COMPANY)	
Lic State		Registered Owner's Name (Last, First, MI)		Emergency Run? ☐ Fire? ☐	
License#		Address (Street, City, State, Zip)		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State		Registered Owner's Name (Last, First, MI)		Direction of Travel WEST	
License#		Address (Street, City, State, Zip)		Type of Primary/Secondary Roadway	
Veh Year		Make		☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☒ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. ANOTHER MOTOR VEHICLE	
US DOT#		ICC#		HAZMAT Placard	
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Release of Cargo	
HAZMAT 4-Digit ID#		Hazard Class #		HAZMAT 4-Digit ID#	

UNIT INFORMATION

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Local ID
201637776

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/04/1977		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ TolFrom Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color SIL		Vehicle Year 2015	
Make SUBARU		Model OUTBACK		Style 4D	
# Occupants 1		Lic Year 2017		License #	
License State IN		Phone Number 8002524633			
# Axles 2		Speed Limit 40		Insured By TRAVCO	
Vehicle Identification#				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037-9253		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire?	
Veh Year		Make		NO	
Commercial Vehicle: Carrier's Name and Address				Vehicle Type	
				PASSENGER CAR/STATION WAGON	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		SLOWING OR STOPPED IN TRAFFIC	
CMV Inspection		If Yes		Direction of Travel	
Gross Vehicle Weight Rating		Cargo Body Type		WEST	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☒ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☐ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
Event Collision With					
1. ANOTHER MOTOR VEHICLE		2. ANOTHER MOTOR VEHICLE			

UNIT INFORMATION

902771625

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Local ID
201637776

3		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46040		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/05/1979		Age		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury COMPLAINT OF PAIN	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury BACK	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 3		Color BLK		Vehicle Year 2013	
# Occupants 1		Lic Year 2017		License #	
# Axles 2		Speed Limit 40		Insured By LIBERTY MUTUAL	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		License State IN	
Address (Street, City, State, Zip)		Phone Number 8002252467		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS		IN 46040-9018		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
License#		Address (Street, City, State, Zip)		Emergency Run? Fire? NO	
Veh Year		Make		Vehicle Type PASSENGER CAR/STATION WAGON	
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC	
Veh Year		Make		Direction of Travel WEST	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☒ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
US DOT#		ICC#		Event Collision With 1. ANOTHER MOTOR VEHICLE	
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Placard	
HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902773528

Local ID

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201638030

Date of Crash 09/07/2016	Day of Week Wed	Actual Local Time 2:58 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																								
<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Driver Contributing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Circumstances</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Alcoholic Beverages</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Illegal Drugs</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Prescription Drugs</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Asleep or Fatigued</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Illness</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Speed</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Failure to Yield</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Disregard Signal</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Left of Center</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Passing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Turning</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Lane Usage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Following Too Closely</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Backing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Overcorrecting</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Ran off Road</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Wrong Way on One Way</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Pedestrian's Action</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Passenger Distraction</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Restriction Violation</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Jackknifing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Cell Phone Usage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other Telematics</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Distracted</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Speed/Weather Conditions</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Lane Movement</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>None</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing	☐	☐	☐	☐	Circumstances	☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Following Too Closely	☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	Other	☐	☐	☐	☐	None	☐	☐	☐	☐	<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Vehicle Contributing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Circumstances</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Engine Failure or Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Accelerator Failure or Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Brake Failure or Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Tire Failure or Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Headlight(s) Defective or Not On</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other Lights Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Steering Failure</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Window/Windshield Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Oversize/Overweight Load</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Insecure/Leaky Load</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Tow Hitch Failure</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>None</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing	☐	☐	☐	☐	Circumstances	☐	☐	☐	☐	Engine Failure or Defective	☐	☐	☐	☐	Accelerator Failure or Defective	☐	☐	☐	☐	Brake Failure or Defective	☐	☐	☐	☐	Tire Failure or Defective	☐	☐	☐	☐	Headlight(s) Defective or Not On	☐	☐	☐	☐	Other Lights Defective	☐	☐	☐	☐	Steering Failure	☐	☐	☐	☐	Window/Windshield 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Local ID

201638030

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 2:59 PM	Time Arrived 3:04 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 09/07/2016	
Investigating Officer GROUT, D		ID No. 3048	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver #1 stated that she was traveling westbound on 116th St., in the right hand lane. D#1 stated that her water bottle had fallen and she was attempting to reach over and pick it up. D#1 stated that she must have drifted over while trying to pick up the water and hit vehicle #2.

Driver #2 stated that she was traveling westbound on 116th St, in the left hand lane. D#2 stated that while she was traveling, she was hit very hard from behind by vehicle #1.

NOTE: Vehicles were moved to a near by parking lot prior to officers arrival.

UNIT INFORMATION

902773528

Page 3 of 4

Local ID
201638030

1 Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
ELWOOD IN 46036		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/10/1989	Age 27	Gender FEMALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]		Lic Type OP	CDL Class Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending			
Veh# 1	Color BLACK	Vehicle Year 2007	Make CHRYSLER
		Model 300M	Style 4D
# Occupants 1	Lic Year 2017	License # [REDACTED]	License State IN
# Axles 2	Speed Limit 40	Insured By UNKNOWN	Phone Number 0000000000
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Front [☐ ☐ ☐] Rear	
ELWOOD IN 46036		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage	
Lic State Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver	
License #		Address (Street, City, State, Zip)	
Veh Year Make		Vehicle Use PERSONAL (FARM, COMPANY)	
Lic State Lic Year		Emergency Run? Fire? NO	
License #		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State Lic Year		Direction of Travel WEST	
License #		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Commercial Vehicle: Carrier's Name and Address		Event Collision With 1. ANOTHER MOTOR VEHICLE 2. CURB	
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 #

UNIT INFORMATION

902773528

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Local ID
201638030

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
MC CORDSVILLE IN 46055				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 01/08/1982		Age 34		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☒ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Veh# 2		Color TAN		Vehicle Year 2001		Make TOYOTA		Model SIENNA		Style SV		Front ☐ ☐ ☐ ☐		Rear ☒ ☐ ☐ ☐	
# Occupants 1		Lic Year 2016		License # [REDACTED]		License State IN		Phone Number 0000000000				Front ☐ ☐ ☐ ☐		Rear ☐ ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By ALLSTATE		Phone Number 0000000000						Front ☐ ☐ ☐ ☐		Rear ☐ ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☐ ☐ ☐ ☐		Rear ☒ ☐ ☐ ☐	
Address (Street, City, State, Zip) [REDACTED]				INDIANAPOLIS IN 46229-9765				Vehicle Use PERSONAL (FARM, COMPANY)							
Towed? YES		To FISHERS TOWING		By FISHERS TOWING		Due to Disabling Damage YES		Emergency Run? NO				Fire? NO			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Vehicle Type VAN									
License #		Address (Street, City, State, Zip) [REDACTED]		Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Direction of Travel WEST									
License #		Address (Street, City, State, Zip) [REDACTED]		Veh Year		Make		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
Commercial Vehicle: Carrier's Name and Address [REDACTED]				HAZMAT Proper Shipping Name: [REDACTED]				State DOT# [REDACTED]				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 #									



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902807335

Local ID

Page 1 of 4

201645832

Date of Crash 11/01/2016	Day of Week Tue	Actual Local Time 7:25 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 00	# Dead 00	# Commercial Vehicles 00	# Deaf 00																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																								
<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Driver Contributing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Circumstances</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Alcoholic Beverages</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Illegal Drugs</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Prescription Drugs</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Asleep or Fatigued</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Illness</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Speed</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Failure to Yield</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Disregard Signal</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Left of Center</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Passing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Turning</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Improper Lane Usage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Following Too Closely</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Backing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Overcorrecting</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Ran off Road</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Wrong Way on One Way</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Pedestrian's Action</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Passenger Distraction</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Restriction Violation</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Jackknifing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Cell Phone Usage</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other Telematics</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Driver Distracted</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Speed/Weather Conditions</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Unsafe Lane Movement</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>None</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing	☐	☐	☐	☐	Circumstances	☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Following Too Closely	☒	☒	☐	☐	Unsafe Backing	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	Pedestrian's 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Lights Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Steering Failure</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Window/Windshield Defective</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Oversize/Overweight Load</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Insecure/Leaky Load</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Tow Hitch Failure</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Other</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>None</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing	☐	☐	☐	☐	Circumstances	☐	☐	☐	☐	Engine Failure or Defective	☐	☐	☐	☐	Accelerator Failure or Defective	☐	☐	☐	☐	Brake Failure or Defective	☐	☐	☐	☐	Tire Failure or Defective	☐	☐	☐	☐	Headlight(s) Defective or Not On	☐	☐	☐	☐	Other Lights Defective	☐	☐	☐	☐	Steering Failure	☐	☐	☐	☐	Window/Windshield Defective	☐	☐	☐	☐	Oversize/Overweight Load	☐	☐	☐	☐	Insecure/Leaky Load	☐	☐	☐	☐	Tow Hitch Failure	☐	☐	☐	☐	Other	☐	☐	☐	☐	None	☒	☒	☐	☐	<table border="1"><thead><tr><th colspan="2">Environment Contributing Circumstances</th></tr></thead><tbody><tr><td>☐</td><td>Glare</td></tr><tr><td>☐</td><td>Roadway Surface</td></tr><tr><td>☐</td><td>Holes/Ruts in Surface</td></tr><tr><td>☐</td><td>Shoulder Defective</td></tr><tr><td>☐</td><td>Road Under Construction</td></tr><tr><td>☐</td><td>Severe Crosswinds</td></tr><tr><td>☐</td><td>Obstruction Not Marked</td></tr><tr><td>☐</td><td>Lane Marking Obscured</td></tr><tr><td>☐</td><td>View Obstructed</td></tr><tr><td>☐</td><td>Animal/Object in Roadway</td></tr><tr><td>☐</td><td>Traffic Ctl Inop/Missing/Obscure</td></tr><tr><td>☐</td><td>Utility Work</td></tr><tr><td>☐</td><td>Other</td></tr><tr><td>☒</td><td>None</td></tr></tbody></table>					Environment Contributing Circumstances		☐	Glare	☐	Roadway Surface	☐	Holes/Ruts in Surface	☐	Shoulder 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Local ID
201645832

Type of Crash

REAR END

Time Notified 7:27 AM	Time Arrived 7:30 AM	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 11/01/2016	
Investigating Officer EMMONS, D		ID No. 3045	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 said that he was W/B on 116th Street at Klotz Farm Blvd., when the vehicle in front of him stopped quickly. D1 said that he was unable to stop prior to rear ending V2.

D2 said that she stopped in traffic W/B on 116th Street when she was rear ended by V1.

UNIT INFORMATION

902807335

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Local ID
201645832

1 Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/23/1993	Age 22	Gender MALE	EMS No.
Driver's License #		Lic Type OP	CDL Class
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment	Nature of Most Severe Injury
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	Location of Most Severe Injury
Alcohol Results PBT		Certified Test ☐ Pending	Drug Results
Veh# 1	Color WHITE	Vehicle Year 2012	Make DODGE
# Occupants 01	Lic Year 2017	Model AVENGER	Style 4D
# Axles 02	Speed Limit 40	Insured By STATE FARM	License State FL
Vehicle Identification #		Phone Number 3058226921	Initial Impact Area
Registered Owner's Name (Last, First, MI)		License State	☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown
Address (Street, City, State, Zip)		Phone Number	☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown
FISHERS IN 46037		Vehicle Use	Front ☐ ☐ ☐ Rear ☐ ☐ ☐
Towed? To YES By MILLERS TOWING	Due to Disabling Damage YES	Emergency Run?	Fire?
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	NO
License#	Address (Street, City, State, Zip)		Vehicle Type
Veh Year	Make	Registered Owner's Name (Last, First, MI)	PASSENGER CAR/STATION WAGON
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Pre-Crash Vehicle Action
License#	Address (Street, City, State, Zip)		GOING STRAIGHT
Veh Year	Make	Commercial Vehicle: Carrier's Name and Address	Direction of Travel
HAZMAT Proper Shipping Name:		State DOT#	WEST
US DOT#	ICC#	CMV Inspection	Type of Primary/Secondary Roadway
Gross Vehicle Weight Rating	Cargo Body Type		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Event Collision With 1. ANOTHER MOTOR VEHICLE
Hazard Class #		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☒ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	

UNIT INFORMATION

902807335

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Local ID
201645832

Driver's Name (Last, First, MI) 2 [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/08/1973	Age 43	Gender FEMALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending			
Veh# 2	Color WHITE	Vehicle Year 2002	Make TOYOTA
# Occupants 01	Lic Year 2017	License # [REDACTED]	License State IN
# Axles 02	Speed Limit 40	Insured By STATE FARM	Phone Number 8124256338
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip) [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)	
FISHERS IN 46037		Emergency Run? Fire? NO	
Towed? To NO By	Due to Disabling Damage		Vehicle Type UNKNOWN TYPE
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]	Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC
License #		Address (Street, City, State, Zip) [REDACTED]	Direction of Travel WEST
Veh Year	Make	Registered Owner's Name (Last, First, MI) [REDACTED]	Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier
License #		Address (Street, City, State, Zip) [REDACTED]	☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☒ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp
Veh Year		Make	Event Collision With 1. ANOTHER MOTOR VEHICLE
Commercial Vehicle: Carrier's Name and Address [REDACTED]			
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 #



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902840023

Local ID

Page

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of

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201652035

Date of Crash 12/16/2016	Day of Week Fri	Actual Local Time 1:50 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM BLVD		If not an intersection, number of feet from 200	Direction E	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

Area Information

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Driver Contributing Circumstances	Vehicle Contributing Circumstances	Environment Contributing Circumstances	Area Information
☒	☐ Alcoholic Beverages	☐ Engine Failure or Defective	☐ Glare	Hit and Run NO
☐	☐ Illegal Drugs	☐ Accelerator Failure or Defective	☐ Roadway Surface	School Zone NO
☐	☐ Prescription Drugs	☐ Brake Failure or Defective	☐ Holes/Ruts in Surface	Rumble Strips NO
☐	☐ Driver Asleep or Fatigued	☐ Tire Failure or Defective	☐ Shoulder Defective	Locality URBAN
☐	☐ Driver Illness	☐ Headlight(s) Defective or Not On	☐ Road Under Construction	Light Condition DAYLIGHT
☐	☐ Unsafe Speed	☐ Other Lights Defective	☐ Severe Crosswinds	Weather Conditions CLOUDY
☐	☐ Failure to Yield	☐ Steering Failure	☐ Obstruction Not Marked	Surface Condition DRY
☐	☐ Disregard Signal	☐ Window/Windshield Defective	☐ Lane Marking Obscured	Type of Median
☐	☐ Left of Center	☐ Oversize/Overweight Load	☐ View Obstructed	Type of Roadway Junction NO JUNCTION INVOLVED
☐	☐ Improper Passing	☐ Insecure/Leaky Load	☐ Animal/Object in Roadway	Road Character STRAIGHT/LEVEL
☐	☐ Improper Turning	☐ Tow Hitch Failure	☐ Traffic Ctl Inop/Missing/Obscure	Roadway Surface ASPHALT
☐	☐ Improper Lane Usage	☐ Other	☐ Utility Work	Construction NO If Yes, Construction Type
☐	☐ Following Too Closely	☒ None	☐ Other	Traffic Control Devices LANE CONTROL
☐	☐ Unsafe Backing		☒ None	Traffic Control Device Operational? NA
☐	☐ Overcorrecting			Was this crash the result of aggressive driving? NO
☐	☐ Ran off Road			
☐	☐ Wrong Way on One Way			
☐	☐ Pedestrian's Action			
☐	☐ Passenger Distraction			
☐	☐ Restriction Violation			
☐	☐ Jackknifing			
☐	☐ Cell Phone Usage			
☐	☐ Other Telematics			
☐	☐ Driver Distracted			
☐	☐ Speed/Weather Conditions			
☐	☐ Unsafe Lane Movement			
☐	☐ Other			
☐	☐ None			

Total Estimate of all damage in the Crash:

\$5001 TO \$10000

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	
☒ Witness	# 1	(Last Name, First Name, MI)	
☐ Other Participant	1		
Address etc.		Non-Motorist Type	Non-Motorist Action
Phone #		Apparent Physical Condition	
Location at Time of Crash		Cited?	Direction
50 FT NORTHEAST			
☒ Witness	# 2	Street/Highway	
☐ Other Participant	2		
Address etc.		Traffic Control? If yes, was traffic control operational?	
Phone #			
Location at Time of Crash			
50 WEST			

Local ID

201652036

**Type of
Crash**

RAN OFF ROAD

Time Notified 1:55 PM	Time Arrived 2:05 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer BEN COLLING		ID No. 3098	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 12/16/2016	
Investigating Officer KEHL, S		ID No. 3015	Agency FISHERS PD	Reviewing Officer SCOTT KEHL	

Narrative

V1 was eastbound 116th ST. V1 ran off the roadway and collided into a mailbox located at 10211 E. 116th ST. V1 continued east along the sidewalk and then collided into a utility pole located in front of the residence located at 10225 E. 116th ST. V1 continued east until it came to a stop in the yard of the residence located at 10253 E. 116th ST.

W1 advised she was traveling west on 116th ST. when she observed V1 who was eastbound collide into a mailbox. She advised V1 continued east and at that time V1 collided with a utility pole before coming to a stop in a yard. She advised she along with W2 went to the vehicle to check on the driver. She advised the driver was conscious and breathing. She advised they were yelling for her to unlock the vehicle but she continued to press on the gas. She then advised she called 911.

W2 advised she was stopped northbound on Klotz Farm Blvd when she observed V1 traveling east on 116th ST in the left lane. She advised D1 turned on her right turn signal and change lanes. W2 advised V1 passed her location and then proceeded to drive off the roadway. She advised V1 then collided with a mailbox and then a utility pole before coming to a stop in a yard of a residence. She advised she went and checked on D1. She advised D1 appeared to be confused and having a medical issue. She advised they asked her several times to unlock the doors but she could not figure out how too. She advised D1 kept pressing on the gas but the vehicle would not move.

The mailbox that was damaged is owned by Marjorie Beechler who resides at 10211 E. 116th ST Fishers Indiana 46037 Phone# 317-849-2535. There appeared to be no damage to the utility pole.

It is unknown if D1 sustained any injuries caused by the crash due to not seeing anything with apparent injury and the fact that she may have had a medical condition prior to the crash. Also I was unable to get a statement from D1 at the time of this report

UNIT INFORMATION

902840023

Page 3 of 3

Local ID
201652036

1 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip)				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 07/22/1932		Age 84		Gender FEMALE		EMS No. 1133	
				Inmed Attn YES		Driver Injury Status INCAPACITATING - TRANSPORTED	
Driver's License #		Lic Type OP		CDL Class		Lic State IN	
						Nature of Most Severe Injury NONE VISIBLE	
Apparent Physical Status		Restrictions		Location of Most Severe Injury ENTIRE BODY			
☐ Normal ☐ Had Been Drinking ☐ Handicapped ☒ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Test Given NONE		Type Given					
		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results			
PBT		☐ Pending					
Veh# 1	Color SILVER	Vehicle Year 2012	Make Chevrolet	Model IMPALA	Style 4D		
# Occupants 1	Lic Year 2017	License #		License State IN			
# Axles 2	Speed Limit 40	Insured By CELINA		Phone Number 3174856415			
Vehicle Identification #				Initial Impact Area			
				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI)				☐ Same as Driver			
Address (Street, City, State, Zip)				☐ Same as Driver			
FISHERS IN 46037				Vehicle Use			
Towed? To MILLERS TOWING				Due to Disabling Damage			
YES By MILLERS TOWING				YES			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver	
License#		Address (Street, City, State, Zip)					
Veh Year		Make					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)			
				☐ Same as Driver			
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 #	
Event Collision With 1. MAILBOX 2. UTILITY POLE							



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903923584

Page 1 of 3

Local ID

202142117

Date of Crash 11/15/2021	Day of Week Mon	Actual Local Time 7:53 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 1																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
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Local ID

202142117

**Type of
Crash**

COLLISION WITH DEER

Time Notified 7:53 PM	Time Arrived 8:00 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete? NO	Photos Taken? NO	
Assisting Officer	ID No.	Agency	Date of Report 11/15/2021		
Investigating Officer LAWSON, M	ID No. 3201	Agency FISHERS PD	Reviewing Officer		

Narrative

On November 15, 2021 at approximately 1953 hours, I, Officer Matthew Lawson, with the Fishers Police Department was dispatched to an accident involving one vehicle and a deer at 116th street and Klotz farm boulevard, Fishers, Indiana, 46037. Upon arrival I spoke with the driver involved who stated he was driving east on 116th near Klotz farm boulevard when a deer ran into the driver side of his vehicle and then ran off.

The vehicle was moved from the initial scene prior to my arrival.

M. Lawson 3201

UNIT INFORMATION

903923584

Page 3 of 3

Local ID
202142117

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP BELT ONLY											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
MOUNT JULIET TN 37121				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 10/22/1981		Age 60		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results				Initial Impact Area			
Veh# 1		Color WHITE		Vehicle Year 2010		Make MITSUBISHI		Model GALANT		Style 4D		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☐ Rear ☐ ☒ ☐	
# Occupants 1		Lic Year 2022		License # [REDACTED]		License State IN		# Axles 2		Speed Limit 35		Insured By USAA CASUALTY INSURANCE		Phone Number 8005318722	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Address (Street, City, State, Zip) [REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
MOUNT JULIET TN 37121				Vehicle Use PERSONAL (FARM, COMPANY)				Emergency Run? NO				Fire? NO			
Towed? To NO By		Due to Disabling Damage		License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Veh Year				Make			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Veh Year				Make			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Veh Year				Make			
HAZMAT Proper Shipping Name:				State DOT#				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
US DOT#		ICC#		CMV Inspection		If Yes		Event Collision With 1. DEER							
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Placard				HAZMAT Release of Cargo				HAZMAT 4-Digit ID#			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#				Hazard Class #							

State Id
904544388

Local Id
2024-34726

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 PM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]					
Crash Details	Location 116TH STREET at intersection of KLOTZ FARM BLVD			County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 07/24/2024	Day of Week Wednesday	Crash Time 10:52 AM	Date of Report 07/24/2024	Latitude 39.95705290	Longitude -85.98929407
	Weather Condition CLEAR	Light Condition DAYLIGHT		Locality URBAN	Inside Corporate Limits? NO	☐ School Zone
	Roadway Surface ASPHALT	Surface Condition DRY		Roadway Classification		☐ Train or Rail Equipment
	☐ Construction Zone	Construction Type		Roadway Junction NO JUNCTION INVOLVED	Railroad Crossing #	☐ Rumble Strips
						☐ Deer
					☐ Underride crash	
Investigative Information	Time Notified 1056	Time Arrived 1058	Primary Factor UNSAFE LANE MOVEMENT (Unit 1)		Did this crash happen as a result of another incident? NO	
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed
	Total Estimate of all damage in Crash: \$10001 TO \$25000					
	Investigative Officer MATT, KEVIN	Agency FISHERS PD		ID Number 3170		
	Reviewing Officer MATT, KEVIN	FISHERS PD		3170		
	Assisting Officer					
	Assisting Officer					
Reconstruction Officer						
Narrative	The following was written by MATT, KEVIN					
	On Wednesday, July 24, 2024 at 10:52, Matt, Kevin responded to a crash on 116th Street at the intersection of Klotz Farm Blvd and the road surface was Dry. Vehicle 1, Bronze Toyota Venza, Going straight. Vehicle 2, Blue Honda Odyssey, Going straight. Both drivers provided the same statement. Both drivers stated V1 was heading westbound and V2 was heading eastbound. Both drivers stated V1 attempted to make a U-turn due to traffic ahead. D1 stated he did not see V2 coming. Both drivers stated V1 turned in front of V2 and V1 hit V2. V2 had three minor children in car seats in the vehicle at the time of the accident. D2 had an injury to her leg from the crash and refused transport on scene after being checked by medics. D2 stated she would consult follow up checked on her children if needed at a later time.					

State Id
904544388

Local Id
2024-34726

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Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver				☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention	
Last Name		First		Middle					
Address		DOB		Age		Gender			
		03/22/1961		63		M			
Driver's License Number		Lic Type		Lic State		CDL Class			
		OP		INDIANA					
Apparent Physical Status		Restrictions							
NORMAL		NONE							
Test Given		Type Given							
NONE									
Driver Injury Status		EMS Number							
Nature of Most Severe Injury		Location of Most Severe Injury							
Safety Equipment Used		Safety Equipment Effective		Ejection/Trapped					
NONE				NOT EJECTED OR TRAPPED					
If Cited		IC Codes							
Vehicle Information									
Veh #	Color	Veh Year	Occupants	Initial Impact Area					
1	BRONZE	2014	1						
Make		Model		Undercarriage					
TOYOTA		VENZA		Trailer					
Style				None					
4-DOOR				Unknown					
Insured By				Damage to Roof					
PROGRESSIVE									
Policy #		Ins Phone #		Areas of Damage					
				Undercarriage					
				Trailer					
				None					
				Unknown					
				Damage to Roof					
VIN				Plate Number		Plate Exp Year		Plate State	
						2025		INDIANA	
Towed?		Towed Due to Disabling Damage?							
NO									
Company Towed By		City Towed To		Fire?					
				NO					
Vehicle Use		Event Collision With							
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE							
Emergency Run?		Type of Roadway		Roadway Character					
		MULTI LANE 2 WAY ROAD UNDIVIDED (DBL YLW)		STRAIGHT/GRADE					
Direction of Travel		Pre-Crash Vehicle Action		# of Axles		☐ Oversized			
WEST		GOING STRAIGHT		2					
Speed Limit		Traffic Control Devices		Devices Operational?					
40									
Owner Information									
Vehicle Owner's Name		Address (Street/City, State Zip)							
Commercial Vehicle Information									
Carrier's Name		Address (Street, City, State, Zip)							
US DOT Number		CMV Inspection							
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo					
Gross Vehicle Weight Rating		Hazmat 4-digit ID		Hazmat Class #		Cargo Body Type			

Unit 2 Driver				☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention	
Last Name		First		Middle					
Address		DOB		Age		Gender			
		04/02/1987		37		F			
Driver's License Number		Lic Type		Lic State		CDL Class			
		OP		INDIANA					
Apparent Physical Status		Restrictions							
NORMAL		NONE							
Test Given		Type Given							
NONE									
Driver Injury Status		EMS Number							
Nature of Most Severe Injury		Location of Most Severe Injury							
Safety Equipment Used		Safety Equipment Effective		Ejection/Trapped					
UNKNOWN				NOT EJECTED OR TRAPPED					
If Cited		IC Codes							
Vehicle Information									
Veh #	Color	Veh Year	Occupants	Initial Impact Area					
2	BLUE	2024	4						
Make		Model		Undercarriage					
HONDA		ODYSSEY		Trailer					
Style				None					
4-DOOR				Unknown					
Insured By				Damage to Roof					
ALL STATE									
Policy #		Ins Phone #		Areas of Damage					
				Undercarriage					
				Trailer					
				None					
				Unknown					
				Damage to Roof					
VIN				Plate Number		Plate Exp Year		Plate State	
						2025		INDIANA	
Towed?		Towed Due to Disabling Damage?							
YES		YES							
Company Towed By		City Towed To		Fire?					
INTERSTATE DELEWARE AND S				NO					
Vehicle Use		Event Collision With							
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE							
Emergency Run?		Type of Roadway		Roadway Character					
		MULTI LANE 2 WAY ROAD UNDIVIDED (DBL YLW)		STRAIGHT/GRADE					
Direction of Travel		Pre-Crash Vehicle Action		# of Axles		☐ Oversized			
EAST		GOING STRAIGHT		2					
Speed Limit		Traffic Control Devices		Devices Operational?					
40									
Owner Information									
Vehicle Owner's Name		Address (Street/City, State Zip)							
Commercial Vehicle Information									
Carrier's Name		Address (Street, City, State, Zip)							
US DOT Number		CMV Inspection							
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo					
Gross Vehicle Weight Rating		Hazmat 4-digit ID		Hazmat Class #		Cargo Body Type			

State Id
904544388

Local Id
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Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :	NONE (VEHICLE),FAILURE TO MAINTAIN LANE,FAILURE TO YIELD RIGHT OF WAY,IMPROPER LANE USAGE,UNSAFE LANE MOVEMENT,NONE (ENVIRONMENTAL)
	Unit 2 :	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904544388

Local Id
2024-34726

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 PM

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901398523

Page 1 of 4

Local ID

201016535

Date of Crash 05/25/2010	Day of Week Tue	Actual Local Time 3:18 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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 [REDACTED]		Driver #2 [REDACTED]		Driver #3		Driver #4			
Driver Contributing Circumstances					Vehicle Contributing Circumstances				
Primary Cause					Primary Cause				
Vehicle 1					Vehicle 1				
Vehicle 2					Vehicle 2				
Vehicle 3					Vehicle 3				
Vehicle 4					Vehicle 4				
☐ Alcoholic Beverages					☐ Engine Failure or Defective				
☐ Illegal Drugs					☐ Accelerator Failure or Defective				
☐ Prescription Drugs					☐ Brake Failure or Defective				
☐ Driver Asleep or Fatigued					☐ Tire Failure or Defective				
☐ Driver Illness					☐ Headlight(s) Defective or Not On				
☐ Unsafe Speed					☐ Other Lights Defective				
☒ Failure to Yield					☐ Steering Failure				
☐ Disregard Signal					☐ Window/Windshield Defective				
☐ Left of Center					☐ Oversize/Overweight Load				
☐ Improper Passing					☐ Insecure/Leaky Load				
☐ Improper Turning					☐ Tow Hitch Failure				
☐ Improper Lane Usage					☐ Other				
☐ Following Too Closely					☒ None				
☐ Unsafe Backing					Environment Contributing Circumstances				
☐ Overcorrecting					☐ Glare				
☐ Ran off Road					☐ Roadway Surface				
☐ Wrong Way on One Way					☐ Holes/Ruts in Surface				
☐ Pedestrian's Action					☐ Shoulder Defective				
☐ Passenger Distraction					☐ Road Under Construction				
☐ Restriction Violation					☐ Severe Crosswinds				
☐ Jackknifing					☐ Obstruction Not Marked				
☐ Cell Phone Usage					☐ Lane Marking Obscured				
☐ Other Telematics					☐ View Obstructed				
☐ Driver Distracted					☐ Animal/Object in Roadway				
☐ Speed/Weather Conditions					☐ Traffic Ctl Inop/Missing/Obscure				
☐ Unsafe Lane Movement					☐ Utility Work				
☐ Other					☐ Other				
☒ None					☒ None				
Total Estimate of all damage in the Crash: \$5001 TO \$10,000					Area Information				
					Hit and Run NO				
					School Zone NO				
					Rumble Strips NO				
					Locality URBAN				
					Light Condition DAYLIGHT				
					Weather Conditions CLEAR				
					Surface Condition DRY				
					Type of Median CURBED				
					Type of Roadway Junction NO JUNCTION INVOLVED				
					Road Character STRAIGHT/HILLCREST				
					Roadway Surface CONCRETE				
					Construction NO If Yes, Construction Type				
					Traffic Control Devices LANE CONTROL				
					Traffic Control Device Operational? NA				
					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				
☐ Witness # Name					(Last Name, First Name, MI)				
☐ Other Participant									
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name					Cited?		Direction		
☐ Other Participant									
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID
201016535

Type of Crash

RIGHT ANGLE

Time Notified 3:21 PM	Time Arrived 3:21 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 05/25/2010	
Investigating Officer WEESNER, K		ID No. 3121	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated in summary he was turning left onto E 116th St. from Klotz Farm Blvd. when he struck the left side of V2. D1 stated he looked both ways and thought the roadway was clear until he struck V2.

D2 stated in summary he was driving west on E 116th St. at the intersection with Klotz Farm Blvd. when D1 attempted to turn left onto E. 116th St. D2 stated D1 drove his motorcycle into the driver's side door of V2. D2 said he attempted to turn quickly into the right lane of traffic, however he was still unable to avoid D1.

D1 had a complaint of minor pain in his left arm. He was evaluated by Fishers Emergency Medical Services and released on scene.

D1 failed to yield the right of way and struck the driver's side door of V2

-END NARRATIVE-
Ofc. K. Weesner 3121

UNIT INFORMATION

901398523

Page 3 of 4

Local ID
201016535

1		Driver's Name (Last, First, MI)		Safety Equipment Used HELMET	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/11/1989		Age 21		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury ABRASION	
☒ Normal		☐ Glasses/Contact Lenses		Location of Most Severe Injury ELBOW/LOWER ARM	
☐ Had Been Drinking		☐ Outside Rearview Mirror		If Cited?	
☐ Handicapped		☐ Daylight Driving		☐ Infraction	
☐ Ill		☐ Automatic Transmission		☐ Misdemeanor	
☐ Asleep/Fatigued		☐ Special Controls		☐ Felony	
☐ Drugs/Medication		☐ Employment Only			
☐ Unknown		☐ Motorcycle Only			
		☐ To/From Employment			
		☒ None			
Test Given NONE		Type Given			
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color BLACK		Vehicle Year 2008	
Make TRIUMPH		Model BONNEVILLE		Style MC	
# Occupants 1		Lic Year 2010		License # 237117	
License State IN		Phone Number 800-776-4737			
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE INSURANCE	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Commercial Vehicle: Carrier's Name and Address				MOTORCYCLE	
				Pre-Crash Vehicle Action	
HAZMAT Proper Shipping Name:		State DOT#		TURNING LEFT	
US DOT#		ICC#		Direction of Travel	
CMV Inspection		If Yes		NORTHWEST	
Gross Vehicle Weight Rating		Cargo Body Type		Type of Primary/Secondary Roadway	
HAZMAT Placard		HAZMAT Release of Cargo		One Way Traffic	
HAZMAT 4-Digit ID#		Hazard Class #		Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☒ Multi-Lane Divided (3 or more)	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

901398523

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Local ID
201016535

2 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS													
Address (Street, City, State, Zip)				Safety Equipment Effective? YES													
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED													
Date of Birth 08/12/1992		Age 17		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status							
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury							
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury									
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes					
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results									
Veh# 2		Color BLUE		Vehicle Year 2005		Make SAAB		Model 93		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☐		Rear ☐ ☐ ☒ ☐	
# Occupants 1		Lic Year 2010		License # 641AVY		License State IN		Phone Number 317-576-0055				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☐		Rear ☐ ☐ ☒ ☐	
Vehicle Identification#												Vehicle Use PERSONAL (FARM, COMPANY)					
Registered Owner's Name (Last, First, MI)												Emergency Run?				Fire? NO	
Address (Street, City, State, Zip)												Vehicle Type PASSENGER CAR/STATION WAGON					
SOUTH BEND IN 46615												Pre-Crash Vehicle Action GOING STRAIGHT					
Towed? To By NO												Direction of Travel WEST					
Due to Disabling Damage												Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
License#												Private Drive ☐ Alley ☐					
Address (Street, City, State, Zip)												Event Collision With 1. ANOTHER MOTOR VEHICLE					
Veh Year Make																	
Lic State Lic Year Registered Owner's Name (Last, First, MI)																	
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#					
Gross Vehicle Weight Rating												Cargo Body Type					
HAZMAT Placard												HAZMAT Release of Cargo					
HAZMAT 4-Digit ID#												Hazard Class #					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901498103

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Local ID 201030101

Date of Crash 09/08/2010	Day of Week Wed	Actual Local Time 10:51 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause		Primary Cause		Area Information	
Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2	Hit and Run NO	
Vehicle 3	Vehicle 4	Vehicle 3	Vehicle 4	School Zone NO	
Driver Contributing Circumstances		Vehicle Contributing Circumstances		Rumble Strips NO	
☐	☐	☐	☐	Locality URBAN	
☐	☐	☐	☐	Light Condition DAYLIGHT	
☐	☐	☐	☐	Weather Conditions CLEAR	
☐	☐	☐	☐	Surface Condition DRY	
☐	☐	☐	☐	Type of Median NONE	
☐	☐	☐	☐	Type of Roadway Junction T-INTERSECTION	
☐	☐	☐	☐	Road Character STRAIGHT/HILLCREST	
☐	☐	☐	☐	Roadway Surface ASPHALT	
☐	☐	☐	☐	Construction NO	If Yes, Construction Type
☐	☐	☐	☐	Traffic Control Devices STOP SIGN	
☐	☐	☐	☐	Traffic Control Device Operational? NA	
☐	☐	☐	☐	Was this crash the result of aggressive driving? NO	
Total Estimate of all damage in the Crash: \$2501 to \$5000					

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	
☒ Witness	# 1	(Last Name, First Name, MI)	
☐ Other Participant	TERESA MENKE		
Address etc. 11710 GATWICK VIEW DRIVE		Non-Motorist Type	Non-Motorist Action
Phone # 317-288-0653		Apparent Physical Condition	
Location at Time of Crash RIGHT LANE BEHIND ACCIDENT		Cited?	Direction
☐ Witness		Street/Highway	
☐ Other Participant			
Address etc.			
Phone #		Traffic Control?	
Location at Time of Crash		If yes, was traffic control operational?	

Local ID
201030101

Type of Crash

LEFT TURN

Time Notified 10:51 AM	Time Arrived 10:55 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer ROB THOMPSON		ID No. 3069	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 09/08/2010	
Investigating Officer PARSHALL, H		ID No. 3126	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was attempting to turn left onto 116th street from Klotz Farm Blvd. D1 stated there were several vehicles in the right hand lane and that the individual in the front waved her out to go. D1 said she could not see the vehicles in the left hand lane and as she pulled out, she struck D2's vehicle on the passenger side.

D2 stated that she was traveling east on 116th street in the left hand lane. D2 informed me that D1 struck her in the passenger side.

W1 stated that she was in the right hand lane of traffic and saw D1 pull out from Klotz Farm BLVD onto 116th Street and hit D2.

End of Narrative.....H. Parshall 3126

UNIT INFORMATION

901498103

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Local ID
201030101

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 02/18/1935		Age 75		Gender FEMALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color WHITE		Vehicle Year 2001	
# Occupants 1		Lic Year 2011		License # D407CN	
# Axles 2		Speed Limit 40		Insured By WOLF INSURANCE	
Vehicle Identification # [REDACTED]		Model ODYSSEY		Style VN	
Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN		Phone Number 317-842-1924	
Address (Street, City, State, Zip) [REDACTED]					
FISHERS		IN 46037		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Lic State [REDACTED]		Lic Year [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Emergency Run? [REDACTED]	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Fire? NO	
Veh Year [REDACTED]		Make [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Lic State [REDACTED]		Lic Year [REDACTED]		Pre-Crash Vehicle Action TURNING LEFT	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Direction of Travel NORTH	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☒ Two Lanes ☐ Multi-Lanes (3 or more)	
Veh Year [REDACTED]		Make [REDACTED]		Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
Commercial Vehicle: Carrier's Name and Address [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE	
HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]			
US DOT# [REDACTED]		ICC# [REDACTED]			
CMV Inspection [REDACTED]		If Yes [REDACTED]			
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]			
HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]			
HAZMAT 4-Digit ID# [REDACTED]		Hazard Class # [REDACTED]			

UNIT INFORMATION

901498103

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Local ID
201030101

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/22/1977		Age 33		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury COMPLAINT OF PAIN	
☒ Normal		☒ Glasses/Contact Lenses		Location of Most Severe Injury ABDOMEN/PELVIS	
☐ Had Been Drinking		☒ Outside Rearview Mirror		If Cited?	
☐ Handicapped		☒ Daylight Driving		☐ Infraction	
☐ Ill		☐ Automatic Transmission		☐ Misdemeanor	
☐ Asleep/Fatigued		☐ Special Controls		☐ Felony	
☐ Drugs/Medication		☐ Employment Only			
☐ Unknown		☐ Motorcycle Only			
☐ To/From Employment		☐ None			
Test Given NONE		Type Given			
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color GREEN		Vehicle Year 2005	
# Occupants 2		Lic Year 2011		License # 2340243283	
# Axles 2		Speed Limit 40		Insured By INDIANA INSURANCE	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		Phone Number 800-242-7420	
Registered Owner's Name (Last, First, MI)		Same as Driver		Initial Impact Area	
Address (Street, City, State, Zip)				☐ Undercarriage	
FISHERS		IN 46037		☐ Trailer	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage		☐ None	
Lic State		Lic Year		☐ Unknown	
Registered Owner's Name (Last, First, MI)		Same as Driver		Areas Damaged (Multiples)	
License#		Address (Street, City, State, Zip)		☐ Undercarriage	
Veh Year		Make		☐ Trailer	
Lic State		Lic Year		☐ None	
Registered Owner's Name (Last, First, MI)		Same as Driver		☐ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Commercial Vehicle: Carrier's Name and Address				Emergency Run?	
HAZMAT Proper Shipping Name:		State DOT#		Fire?	
US DOT#		ICC#		NO	
CMV Inspection		If Yes		Vehicle Type	
Gross Vehicle Weight Rating		Cargo Body Type		UTILITY (SUV)	
HAZMAT Placard		HAZMAT Release of Cargo		Pre-Crash Vehicle Action	
HAZMAT 4-Digit ID#		Hazard Class #		GOING STRAIGHT	
				Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☒ Two Lanes	
				☐ Multi-Lane Divided (3 or more)	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901585957

Page 1 of 4

Local ID 20113894

Date of Crash 02/05/2011	Day of Week Sat	Actual Local Time 11:42 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 2	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZFARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information				
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4						
Driver Contributing Circumstances					Vehicle Contributing Circumstances									
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Engine Failure or Defective					
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Accelerator Failure or Defective					
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Brake Failure or Defective					
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Tire Failure or Defective					
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Headlight(s) Defective or Not On					
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Other Lights Defective					
☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	Steering Failure					
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Window/Windshield Defective					
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Oversize/Overweight Load					
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Insecure/Leaky Load					
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Tow Hitch Failure					
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Other					
☐	☐	☐	☐	Following Too Closely	☒	☒	☐	☐	None					
☐	☐	☐	☐	Unsafe Backing	Environment Contributing Circumstances									
☐	☐	☐	☐	Overcorrecting	☒	☐	☒	☐	Glare					
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	Roadway Surface					
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	Holes/Ruts in Surface					
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	Shoulder Defective					
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	Road Under Construction					
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	Severe Crosswinds					
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	Obstruction Not Marked					
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	Lane Marking Obscured					
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	View Obstructed					
☐	☒	☐	☐	Driver Distracted	☐	☐	☐	☐	Animal/Object in Roadway					
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure					
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	Utility Work					
☐	☐	☐	☐	Other	☐	☐	☐	☐	Other					
☐	☒	☐	☐	None	☒	☐	☐	☐	None					
Total Estimate of all damage in the Crash: \$2501 to \$5000										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	
☐ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant				
Address etc.			Non-Motorist Type	Non-Motorist Action
Phone #			Apparent Physical Condition	
Location at Time of Crash			Cited?	Direction
☐ Witness	#	Name	Street/Highway	
☐ Other Participant				
Address etc.			Traffic Control?	
Phone #			If yes, was traffic control operational?	
Location at Time of Crash				

Local ID

20113894

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 11:52 AM	Time Arrived 11:56 AM	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 02/05/2011	
Investigating Officer ROBINSON, C		ID No. 3068	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was westbound on E 116th St. D1 stated he was traveling 2 car lengths behind V2, when a third (unknown) cut him off. D1 stated that this vehicle was traveling behind V2 and cut in front of him abruptly. D1 stated he hit his brakes to avoid the vehicle cutting in front of him and began to slide on the snow covered road. D1 stated he lost control and slid into V2.

D2 stated she was westbound on E 116th St. D2 stated that while she was driving, she was struck from behind by V1.

UNIT INFORMATION

901585957

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Local ID
20113894

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? NO			
FAIRLAND IN 46126				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 12/19/1991		Age 19		Gender MALE		EMS No. AM95	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Nature of Most Severe Injury COMPLAINT OF PAIN				Driver Injury Status NON-INCAPACITATING			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None		Location of Most Severe Injury KNEE/LOWER LEG/FOOT	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony		IC Codes	
Alcohol Results PBT Certified Test ☐ Pending				Drug Results			
Veh# 1		Color GOLD		Vehicle Year 2000		Make PLYMOUTH	
Model BREEZE		Style 4D		# Occupants 1		Lic Year 2011	
License # NH96391		License State IN		# Axles 2		Speed Limit 40	
Insured By NATIONWIDE MUTUAL		Phone Number 800-421-1444		Initial Impact Area			
Vehicle Identification # [REDACTED]				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FAIRLAND IN 46126				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To MILLERS YES By MILLERS				Due to Disabling Damage			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Emergency Run? NO	
License #		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT			
Lic State		Lic Year		Direction of Travel WEST			
License #		Address (Street, City, State, Zip) [REDACTED]		Type of Primary/Secondary Roadway			
Veh Year		Make		One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)			
Commercial Vehicle: Carrier's Name and Address [REDACTED]				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)			
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							

UNIT INFORMATION

901585957

Page 4 of 4

Local ID
20113894

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/14/1987		Age 43		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury COMPLAINT OF PAIN	
☒ Normal		☐ Glasses/Contact Lenses		Location of Most Severe Injury HIP/UPPER LEG	
☐ Had Been Drinking		☒ Outside Rearview Mirror		If Cited?	
☐ Handicapped		☐ Daylight Driving		☐ Infraction	
☐ Ill		☐ Automatic Transmission		☐ Misdemeanor	
☐ Asleep/Fatigued		☐ Special Controls		☐ Felony	
☐ Drugs/Medication		☐ Employment Only			
☐ Unknown		☐ Motorcycle Only			
☐ To/From Employment		☐ None			
Test Given NONE		Type Given			
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color BLUE		Vehicle Year 2006	
# Occupants 2		Lic Year 2011		License # 855HAE	
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY INS	
Vehicle Identification #		Model SIENNA		Style SV	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 513-738-3470		☐ Undercarriage	
				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Commercial Vehicle: Carrier's Name and Address				PASSENGER CAR/STATION WAGON	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
HAZMAT Proper Shipping Name:		State DOT#		Direction of Travel	
US DOT#		ICC#		WEST	
CMV Inspection		If Yes		Type of Primary/Secondary Roadway	
Gross Vehicle Weight Rating		Cargo Body Type		One Way Traffic	
HAZMAT Placard		HAZMAT Release of Cargo		☐ One Lane	
HAZMAT 4-Digit ID#		Hazard Class #		☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

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Local ID

201131783

Date of Crash 09/30/2011	Day of Week Fri	Actual Local Time 7:09 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause					Vehicle Contributing Circumstances					Environment Contributing Circumstances					Area Information	
Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4				
Driver Contributing					Alcoholic Beverages				Engine Failure or Defective				Hit and Run	NO		
					Illegal Drugs				Accelerator Failure or Defective				School Zone	NO		
					Prescription Drugs				Brake Failure or Defective				Rumble Strips	NO		
					Driver Asleep or Fatigued				Tire Failure or Defective				Locality	URBAN		
					Driver Illness				Headlight(s) Defective or Not On				Light Condition	DAWN/DUSK		
					Unsafe Speed				Other Lights Defective				Weather Conditions	CLOUDY		
					Failure to Yield				Steering Failure				Surface Condition	DRY		
					Disregard Signal				Window/Windshield Defective				Type of Median	NONE		
					Left of Center				Oversize/Overweight Load				Type of Roadway Junction	T-INTERSECTION		
					Improper Passing				Insecure/Leaky Load				Road Character	STRAIGHT/GRADE		
					Improper Turning				Tow Hitch Failure				Roadway Surface	ASPHALT		
					Improper Lane Usage				Other				Construction	If Yes, Construction Type		
					Following Too Closely				None				NO			
					Unsafe Backing								Traffic Control Devices	NONE		
					Overcorrecting				Glare				Traffic Control Device Operational?	NA		
					Ran off Road				Roadway Surface				Was this crash the result of aggressive driving?	NO		
					Wrong Way on One Way				Holes/Ruts in Surface							
					Pedestrian's Action				Shoulder Defective							
					Passenger Distraction				Road Under Construction							
					Restriction Violation				Severe Crosswinds							
					Jackknifing				Obstruction Not Marked							
					Cell Phone Usage				Lane Marking Obscured							
					Other Telematics				View Obstructed							
					Driver Distracted				Animal/Object in Roadway							
					Speed/Weather Conditions				Traffic Ctl Inop/Missing/Obscure							
					Unsafe Lane Movement				Utility Work							
					Other				Other							
					None				None							

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	
☒ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant	1	CHRISTOPHER CONGDON		
Address etc. 11714 CANYON CT FISHERS IN 46037			Non-Motorist Type	Non-Motorist Action
Phone # 317-459-6750			Apparent Physical Condition	
☐ Witness	#	Name	Cited?	Direction
☐ Other Participant				
Address etc.			Street/Highway	
Phone #			Location at Time of Crash	
			Traffic Control?	If yes, was traffic control operational?

Local ID

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**Type of
Crash**

LEFT TURN

Time Notified 7:10 AM	Time Arrived 7:15 AM	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 09/30/2011	
Investigating Officer LINDAUER, J		ID No. 3118	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was pulling off Klotz Farm BLVD onto E 116th ST. D1 did not see V2 approaching until after he had started pulling out, but it was too late to avoid a collision and V2 crashed into the driver's side door of V1.

D2 stated he was driving eastbound at approximately 40-45 MPH along E 116th ST approaching Klotz Farm BLVD when a vehicle pulled across the road turning left in front of him. V1 then pulled across E 116th ST from Klotz Farm BLVD just after the first vehicle and immediately in front of V2. D2 attempted to swerve to the right but did not have time to avoid a collision and crashed into the side of V1.

W1 stated he was driving eastbound on E 116th ST directly behind V2 at approximately 45 MPH. W1 observed V1 begin to pull off of Klotz Farm BLVD, then hesitate for a moment before continuing out onto E 116th ST directly in front of V2. V2 attempted to swerve right but crashed into the side of V1.

No injuries were reported at the time of the crash.

End of narrative.

Officer Jeremy Lindauer 3118
Fishers Police Department

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Local ID
201131783

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 11/12/1964		Age 46		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color MAR/		Vehicle Year 2011	
Make HONDA		Model ACCORD		Style 4D	
# Occupants 1		Lic Year 2012		License # 718NI	
License State IN		# Axles 2		Speed Limit 40	
Insured By LIBERTY MUTUAL		Phone Number 8002252467			
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]					
FISHERS		IN 46037-4088		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Lic State IN		Lic Year 2012		Registered Owner's Name (Last, First, MI) [REDACTED]	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)	
Veh Year 2011		Make HONDA		Emergency Run? NO	
Lic State IN		Lic Year 2012		Registered Owner's Name (Last, First, MI) [REDACTED]	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year 2011		Make HONDA		Pre-Crash Vehicle Action TURNING LEFT	
Lic State IN		Lic Year 2012		Direction of Travel NORTHWEST	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
Commercial Vehicle: Carrier's Name and Address [REDACTED]				Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☒ Multi-Lane Undivided (3 or more)	
HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE	
US DOT# [REDACTED]		ICC# [REDACTED]			
CMV Inspection [REDACTED]		If Yes [REDACTED]			
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]			
HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]		HAZMAT 4-Digit ID# [REDACTED]	
Hazard Class # [REDACTED]					

UNIT INFORMATION

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201131783

2		Driver's Name (Last, First, MI)		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
CARMEL		IN 46033		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/28/1976		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class	
				Lic State IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color TAN/		Vehicle Year 2005	
Make ACURA		Model TL		Style 4D	
# Occupants 2		Lic Year 2012		License # CC5126	
License State IN		Phone Number 8002252467			
# Axles 2		Speed Limit 40		Insured By LIBERTY MUTUAL	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
CARMEL		IN 46033-8282		Areas Damaged (Multiples)	
Towed? To YES By BROOKS TOWING		Due to Disabling Damage YES		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
				PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run?	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Fire? NO	
License #		Address (Street, City, State, Zip)		Vehicle Type	
Veh Year		Make		PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		GOING STRAIGHT	
License #		Address (Street, City, State, Zip)		Direction of Travel	
Veh Year		Make		EAST	
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Divided (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#		1. ANOTHER MOTOR VEHICLE	
CMV Inspection		If Yes			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
Hazard Class #					



INDIANA OFFICER'S STANDARD CRASH REPORT

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Local ID 201141432

Date of Crash 12/23/2011	Day of Week Fri	Actual Local Time 7:13 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause		Primary Cause		Area Information	
Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2	Hit and Run NO	
Vehicle 3	Vehicle 4	Vehicle 3	Vehicle 4	School Zone NO	
Driver Contributing Circumstances		Vehicle Contributing Circumstance		Rumble Strips NO	
☐	☐	☐	☐	Locality URBAN	
☐	☐	☐	☐	Light Condition DARK (NOT LIGHTED)	
☐	☐	☐	☐	Weather Conditions CLEAR	
☐	☐	☐	☐	Surface Condition DRY	
☐	☐	☐	☐	Type of Median NONE	
☐	☐	☐	☐	Type of Roadway Junction T-INTERSECTION	
☐	☐	☐	☐	Road Character STRAIGHT/HILLCREST	
☐	☐	☐	☐	Roadway Surface ASPHALT	
☐	☐	☐	☐	Construction NO If Yes, Construction Type	
☐	☐	☐	☐	Traffic Control Devices LANE CONTROL	
☐	☐	☐	☐	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	
☒ Witness	# 1	(Last Name, First Name, MI)	
☐ Other Participant	1	MICHELLE LEE	
Address etc. 8821 S 650 W PENDELTON INDIANA		Non-Motorist Type	Non-Motorist Action
Phone # 317 698 1576		Apparent Physical Condition	
☐ Witness	#	Cited?	Direction
☐ Other Participant	Name		
Address etc.		Street/Highway	
Phone #		Location at Time of Crash	
		Traffic Control?	If yes, was traffic control operational?

Local ID

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**Type of
Crash**

LEFT TURN

Time Notified 7:14 PM	Time Arrived 7:16 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 12/23/2011	
Investigating Officer RODRIGUEZ, C		ID No. 3136	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 operator of V1 was stopped facing north at the intersection of Klotz Farm Boulevard and E.116th St. D1 stated that he was wanting to turn onto west E.116th St. D1 stated that he thought that there weren't any cars coming and he attempted to turn left onto E.116th St. D1 stated that he collided with another vehicle which was V2.

D2 operator of V2 was traveling east on 116th St. when her vehicle was suddenly T-boned by V1.

V1 had major damage to the front end of the vehicle and the drivers side front quarter panel.

V2 had major damage to the front passengers side and most of the front of the vehicle.

UNIT INFORMATION

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Local ID
201141432

1 Driver's Name (Last, First, MI)				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT																	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES																	
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED																	
Date of Birth 12/21/1983		Age 28		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status											
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury											
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury													
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes									
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results													
Veh# 1		Color GOLD		Vehicle Year 2003		Make FORD		Model EXPLORER		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒		Rear ☐ ☐ ☐					
# Occupants 1		Lic Year 2012		License # 179MCU		License State IN		# Axles 2		Speed Limit 35		Insured By ALL STATE INSURANCE		Phone Number 8002176423		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☒		Rear ☐ ☐ ☐	
Vehicle Identification#				Registered Owner's Name (Last, First, MI)				☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)									
Address (Street, City, State, Zip)				Emergency Run?				Fire? NO													
FISHERS IN 46037				Towed? To YES By GARNERS TOWING SERVICE				Due to Disabling Damage YES													
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON													
Veh Year				Make				Pre-Crash Vehicle Action TURNING LEFT													
Lic State				Lic Year				Registered Owner's Name (Last, First, MI)				☐ Same as Driver									
License#				Address (Street, City, State, Zip)				Direction of Travel NORTHWEST													
Veh Year				Make				Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☒ Multi-Lane Undivided (3 or more)									
Commercial Vehicle: Carrier's Name and Address				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 #									

UNIT INFORMATION

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2 Driver's Name (Last, First, MI)				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip)				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 03/09/1975		Age 36		Gender FEMALE		EMS No.		Immed Attn		Driver Injury Status	
Driver's License #			Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury		
Apparent Physical Status			Restrictions			Location of Most Severe Injury					
☒ Normal			☒ Glasses/Contact Lenses			☐ Employer's Vehicle Only					
☐ Had Been Drinking			☐ Outside Rearview Mirror			☐ State-Owned Vehicles					
☐ Handicapped			☐ Daylight Driving			☐ PP Chauffeurs Taxi Only					
☐ Ill			☐ Automatic Transmission			☐ Power Steering					
☐ Asleep/Fatigued			☐ Special Controls			☐ Special Restrictions					
☐ Drugs/Medication			☐ Employment Only			☐ Probation DWI					
☐ Unknown			☐ Motorcycle Only			☐ Probation HTO					
☐ To/From Employment			☐ None			☐ None					
Test Given NONE		Type Given		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT							
Alcohol Results				Certified Test				Drug Results			
PBT				☐ Pending							
Veh# 2		Color SILVER		Vehicle Year 2007		Make Chrysler		Model PACIFICA		Style 4W	
# Occupants 1		Lic Year 2012		License # 2937554		License State IN					
# Axles 2		Speed Limit 35		Insured By ILLINOIS STATE FARM INSURANCE				Phone Number 6185461112			
Vehicle Identification #											
Registered Owner's Name (Last, First, MI)											
☐ Same as Driver											
Address (Street, City, State, Zip)											
ROBINSON IL 62454											
Towed? To YES By PREFERRED TOWING SERVICE				Due to Disabling Damage YES							
Lic State				Lic Year		Registered Owner's Name (Last, First, MI)					
						☐ Same as Driver					
License#				Address (Street, City, State, Zip)							
Veh Year				Make							
Lic State				Lic Year		Registered Owner's Name (Last, First, MI)					
						☐ Same as Driver					
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											
☐ Undercarriage ☒ Front ☐ Rear											
☐ Trailer ☐ ☐ ☐											
☐ None ☐ ☐ ☐											
☐ Unknown ☐ ☐ ☐											
Areas Damaged (Multiples)											
☐ Undercarriage ☒ Front ☒ Rear											
☐ Trailer ☒ ☐ ☐											
☐ None ☐ ☐ ☐											
☐ Unknown ☐ ☐ ☐											
Vehicle Use											
PERSONAL (FARM, COMPANY)											
Emergency Run?											
Fire? NO											
Vehicle Type											
PASSENGER CAR/STATION WAGON											
Pre-Crash Vehicle Action											
GOING STRAIGHT											
Direction of Travel											
EAST											
Type of Primary/Secondary Roadway											
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											
☐ Multi-Lane Undivided (3 or more)											
Event Collision With											
1. ANOTHER MOTOR VEHICLE											



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Local ID

201238547

Date of Crash 11/12/2012	Day of Week Mon	Actual Local Time 7:50 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 1
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Area Information	
Driver Contributing Circumstances										Hit and Run	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	School Zone	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Rumble Strips	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Locality	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	URBAN	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Light Condition	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DAWN/DUSK	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Weather Conditions	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	RAIN	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Surface Condition	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	WET	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Median	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DRIVABLE	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Roadway Junction	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO JUNCTION INVOLVED	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Road Character	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	STRAIGHT/GRADE	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Roadway Surface	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	ASPHALT	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Construction	If Yes, Construction Type
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Devices	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NONE	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Device Operational?	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NA	
Total Estimate of all damage in the Crash: \$2501 to \$5000										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	
☐ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant				
Address etc.			Non-Motorist Type	Non-Motorist Action
Phone #			Apparent Physical Condition	
Location at Time of Crash			Cited?	Direction
☐ Witness	#	Name		
☐ Other Participant				
Address etc.			Street/Highway	
Phone #			Traffic Control?	
Location at Time of Crash			If yes, was traffic control operational?	

Local ID
201238547

**Type of
Crash**

HEAD ON

Time Notified 7:45 AM	Time Arrived 7:46 AM	Other Location of Investigation SCENE OLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 11/12/2012	
Investigating Officer OSBORN, D		ID No. 3019	Agency FISHERS PD	Reviewing Officer	

Narrative

According to statements obtained from D1, V1 was eastbound on 116th, Street in the right lane of traffic at Klotz Farm Blvd. when a deer ran into the path of her vehicle from the south side of the road running north. V1 struck the deer head on.

End of narrative,
Dan Osborn
3019

UNIT INFORMATION

901920880

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Local ID
201238547

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
INDIANAPOLIS IN 46219				Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/05/1977		Age 34		Gender FEMALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SILVER		Vehicle Year 2008	
Make Chevrolet		Model TRAILBLAZER		Style UT	
# Occupants 1		Lic Year 2012		License # 387CS	
License State IN		# Axles 2		Speed Limit 40	
Insured By SAFE AUTO		Phone Number 8007233288		Initial Impact Area	
Vehicle Identification# [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip) [REDACTED]		INDIANAPOLIS IN 46219		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run? NO	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Fire?	
License#		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type SPORT UTILITY VEHICLE	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State		Lic Year		Direction of Travel EAST	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Type of Primary/Secondary Roadway	
License#		Address (Street, City, State, Zip) [REDACTED]		One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
Veh Year		Make		Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
Commercial Vehicle: Carrier's Name and Address [REDACTED]		HAZMAT Proper Shipping Name: [REDACTED]		Event Collision With 1. DEER	
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 #			

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901974789

Local ID

Page

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of

4

20136148

Date of Crash 02/15/2013	Day of Week Fri	Actual Local Time 3:26 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0					
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3			Driver #4							
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition WET Type of Median DRIVABLE Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/HILLCREST Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: UNDER \$1001														
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									
Witness # Name Other Participant # Name					(Last Name, First Name, MI)									
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
Witness # Name Other Participant # Name					Cited?		Direction							
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

20136148

**Type of
Crash**

LEFT TURN

Time Notified 3:29 PM	Time Arrived 3:36 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 02/15/2013	
Investigating Officer WYNN, S		ID No. 3104	Agency FISHERS PD	Reviewing Officer	

Narrative

On 2/15/2013 at approximately 1526HRS, V2 was traveling eastbound on E. 116th Street. As she reached the intersection with Klotz Farm Blvd, V1 turned west onto E. 116th Street from Klotz Farm Blvd. D1 said she had not seen V2 prior to turning onto E. 116th Street. Both drivers said they swerved to avoid the collision, but were unsuccessful. No reported injuries at the scene.

2/18/2013: Supplement to correct driver#1 name. FPD/ss

UNIT INFORMATION

901974789

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Local ID
20136148

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
TIPTON		IN 46072		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/16/1992		Age 20		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color SILVER		Vehicle Year 2000	
Make NISSAN		Model ALTIMA		Style 4D	
# Occupants 1		Lic Year 2013		License # 469AMV	
License State IN		Phone Number UNKNOWN			
# Axles 2		Speed Limit 40		Insured By UNKNOWN	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
TIPTON		IN 46072		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Commercial Vehicle: Carrier's Name and Address				PASSENGER CAR/STATION WAGON	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		TURNING LEFT	
CMV Inspection		If Yes		Direction of Travel	
Gross Vehicle Weight Rating		Cargo Body Type		NORTHWEST	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☒ Multi-Lane Divided (3 or more)	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

901974789

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Local ID
20136148

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
MUNCIE IN 47304				Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 02/09/1932		Age 81		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color TAN		Vehicle Year 2004	
Make TOYOTA		Model AVALON		Style 4D	
# Occupants 1		Lic Year 2013		License # 395DDM	
License State IN		Phone Number 7658464211			
# Axles 2		Speed Limit 40		Insured By IN FARMERS MUTUAL INS COMPANY	
Vehicle Identification#					
Registered Owner's Name (Last, First, MI)					
☐ Same as Driver					
Address (Street, City, State, Zip)					
MUNCIE IN 47304					
Towed? To NO By					
Due to Disabling Damage					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	
☐ Same as Driver					
License#		Address (Street, City, State, Zip)			
Veh Year		Make			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	
☐ Same as Driver					
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					
☐ Undercarriage					
☐ Trailer					
☐ None					
☐ Unknown					
Areas Damaged (Multiples)					
☐ Undercarriage					
☐ Trailer					
☐ None					
☐ Unknown					
Vehicle Use					
PERSONAL (FARM, COMPANY)					
Emergency Run?				Fire?	
				NO	
Vehicle Type					
PASSENGER CAR/STATION WAGON					
Pre-Crash Vehicle Action					
GOING STRAIGHT					
Direction of Travel					
EAST					
Type of Primary/Secondary Roadway					
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					
☐ Multi-Lane Undivided (3 or more)					
Event Collision With					
1. ANOTHER MOTOR VEHICLE					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902019193

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Local ID

201318464

Date of Crash 05/14/2013	Day of Week Tue	Actual Local Time 7:46 AM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4			
Driver Contributing Circumstances					Vehicle Contributing Circumstances						
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	Hit and Run NO	
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	School Zone NO	
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	Rumble Strips NO	
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	Locality URBAN	
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	Light Condition DAYLIGHT	
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	☐	Weather Conditions CLEAR	
☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	☐	Surface Condition DRY	
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	Type of Median DRIVABLE	
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	Type of Roadway Junction NO JUNCTION INVOLVED	
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	Road Character STRAIGHT/HILLCREST	
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	Roadway Surface ASPHALT	
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	☐	Construction NO	
☒	☒	☐	☐	Following Too Closely	☒	☒	☐	☐	☐	If Yes, Construction Type	
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	☐	Traffic Control Devices LANE CONTROL	
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	Traffic Control Device Operational? NA	
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	Was this crash the result of aggressive driving? NO	
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other	☐	☐	☐	☐	☐		
☐	☒	☐	☐	None	☒	☒	☐	☐	☐		
					Environment Contributing Circumstances						
					☐	☐	☐	☐	☐	Glare	
					☐	☐	☐	☐	☐	Roadway Surface	
					☐	☐	☐	☐	☐	Holes/Ruts in Surface	
					☐	☐	☐	☐	☐	Shoulder Defective	
					☐	☐	☐	☐	☐	Road Under Construction	
					☐	☐	☐	☐	☐	Severe Crosswinds	
					☐	☐	☐	☐	☐	Obstruction Not Marked	
					☐	☐	☐	☐	☐	Lane Marking Obscured	
					☐	☐	☐	☐	☐	View Obstructed	
					☐	☐	☐	☐	☐	Animal/Object in Roadway	
					☐	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure	
					☐	☐	☐	☐	☐	Utility Work	
					☐	☐	☐	☐	☐	Other	
					☐	☒	☒	☐	☐	None	

Total Estimate of all damage in the Crash: \$2501 to \$5000		
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	
☐ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant				
Address etc.			Non-Motorist Type	Non-Motorist Action
Phone #			Apparent Physical Condition	
Location at Time of Crash			Cited?	Direction
☐ Witness	#	Name	Street/Highway	
☐ Other Participant				
Address etc.			Traffic Control?	
Phone #			If yes, was traffic control operational?	
Location at Time of Crash				

Local ID

201318464

**Type of
Crash**

REAR END

Time Notified 7:48 AM	Time Arrived 7:49 AM	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 05/14/2013	
Investigating Officer SMITH, W		ID No. 3137	Agency FISHERS PD	Reviewing Officer	

Narrative

D#1 stated that while she was traveling westbound on East 116th street just at Klotz Farm road, traffic began to slow and then came to a stop. She stated that she attempted to apply her brakes but her foot slipped off the brake pedal. She stated that the front of her vehicle struck the rear of V#2 as it sat parked in the same lane of travel.

D#2 stated that after coming to a stop due to congested traffic in the westbound lane of East 116th street, V#1 collided with the rear of her vehicle.

UNIT INFORMATION

902019193

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Local ID
201318464

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED] NG				Safety Equipment Effective? YES	
FISHERS		IN 46040		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/31/1963		Age 49		Gender FEMALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SILVER		Vehicle Year 2006	
Make TOY		Model SEQ		Style 4D	
# Occupants 2		Lic Year 2014		License # 762DDO	
License State IN		# Axles 2		Speed Limit 40	
Insured By FARMERS		Phone Number 1111111111			
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS		IN 46040		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run? NO	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Fire? NO	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State		Lic Year		Direction of Travel WEST	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
Veh Year		Make		Event Collision With 1. ANOTHER MOTOR VEHICLE	
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 #			

UNIT INFORMATION

902019193

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Local ID
201318464

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
1		Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/06/1973		Age 40		Gender FEMALE	
Driver's License # 0		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color BLACK		Vehicle Year 2012	
# Occupants 1		Lic Year 2014		License # 612GEX	
# Axles 2		Speed Limit 40		Insured By LIBERTY MUTUAL	
Vehicle Identification# 1		Registered Owner's Name (Last, First, MI) B		License State IN	
Address (Street, City, State, Zip) T		Phone Number 8005871481		Initial Impact Area	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Lic State		Lic Year		PASSENGER CAR/STATION WAGON	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Pre-Crash Vehicle Action	
License#		Address (Street, City, State, Zip)		SLOWING OR STOPPED IN TRAFFIC	
Veh Year		Make		Direction of Travel	
Commercial Vehicle: Carrier's Name and Address				WEST	
HAZMAT Proper Shipping Name:		State DOT#		Type of Primary/Secondary Roadway	
US DOT#		ICC#		One Way Traffic	
Gross Vehicle Weight Rating		Cargo Body Type		Two Way Traffic	
HAZMAT Placard		HAZMAT Release of Cargo		☐ One Lane	
HAZMAT 4-Digit ID#		Hazard Class #		☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				☐ Private Drive	
				☐ Alley	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902189455

Local ID

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20146185

Date of Crash 02/15/2014	Day of Week Sat	Actual Local Time 8:25 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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 [REDACTED]		Driver #2 [REDACTED]		Driver #3			Driver #4		

Driver Contributing Circumstances						Vehicle Contributing Circumstances						Area Information	
Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4			
☐	☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	Engine Failure or Defective		
☐	☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	Accelerator Failure or Defective		
☐	☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	Brake Failure or Defective		
☐	☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	Tire Failure or Defective		
☐	☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	Headlight(s) Defective or Not On		
☒	☒	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	☐	Other Lights Defective		
☐	☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	☐	Steering Failure		
☐	☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	Window/Windshield Defective		
☐	☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	Oversize/Overweight Load		
☐	☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	Insecure/Leaky Load		
☐	☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	Tow Hitch Failure		
☐	☐	☐	☐	☐	Improper Lane Usage	☐	☒	☒	☐	☐	Other		
☐	☐	☐	☐	☐	Following Too Closely	☐	☒	☒	☐	☐	None		
☐	☐	☐	☐	☐	Unsafe Backing						Environment Contributing Circumstances		
☐	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	Glare		
☐	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	Roadway Surface		
☐	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	Holes/Ruts in Surface		
☐	☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	Shoulder Defective		
☐	☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	Road Under Construction		
☐	☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	Severe Crosswinds		
☐	☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	Obstruction Not Marked		
☐	☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	Lane Marking Obscured		
☐	☐	☐	☐	☐	Other Telematics	☐	☒	☐	☐	☐	View Obstructed		
☐	☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	Animal/Object in Roadway		
☐	☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obsecure		
☐	☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	☐	Utility Work		
☐	☐	☐	☐	☐	Other	☐	☐	☐	☐	☐	Other		
☐	☒	☐	☐	☐	None	☐	☒	☐	☐	☐	None		
												Hit and Run NO	
												School Zone NO	
												Rumble Strips NO	
												Locality URBAN	
												Light Condition DAYLIGHT	
												Weather Conditions CLEAR	
												Surface Condition SNOW/SLUSH	
												Type of Median DRIVABLE	
												Type of Roadway Junction T-INTERSECTION	
												Road Character STRAIGHT/HILLCREST	
												Roadway Surface CONCRETE	

Total Estimate of all damage in the Crash:

\$5001 TO \$10000

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

Local ID

20146185

**Type of
Crash**

RIGHT ANGLE

Time Notified 8:27 AM	Time Arrived 8:29 AM	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 02/15/2014	
Investigating Officer THOMPSON, R		ID No. 3069	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was attempting to turn left onto 116th Street from Klotz Farm Blvd. D1 stated that a vehicle was turning right onto Klotz Farm Blvd from east bound 116th Street in front of him. D1 stated he pulled forward and did not see V2 as it was traveling east on 116th Street.

V2 struck V1 in the intersection.

D2 was east bound on 116th Street. D2 stated that V1 pulled out in front of her as she approached Klotz Farm Blvd. D2 stated she attempted to stop but was unable to. V2 struck V1 in the intersection.

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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902231407

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Local ID

201418168

Date of Crash 05/12/2014	Day of Week Mon	Actual Local Time 7:14 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On KLOTZ FARM BLVD			Nearest/Intersecting Road/Mile Marker/Interchange 116TH 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 FISHERS			Property? OTHER	Crash Latitude 39 57.426		Crash Longitude -85 59.266	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information				
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4						
Driver Contributing Circumstances					Vehicle Contributing Circumstances									
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Engine Failure or Defective	Hit and Run NO				
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Accelerator Failure or Defective	School Zone NO				
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Brake Failure or Defective	Rumble Strips NO				
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Tire Failure or Defective	Locality URBAN				
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Headlight(s) Defective or Not On	Light Condition DAYLIGHT				
☒	☒	☐	☐	Unsafe Speed	☐	☐	☐	☐	Other Lights Defective	Weather Conditions CLEAR				
☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	Steering Failure	Surface Condition DRY				
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Window/Windshield Defective	Type of Median DRIVABLE				
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Oversize/Overweight Load	Type of Roadway Junction T-INTERSECTION				
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Insecure/Leaky Load	Road Character STRAIGHT/HILLCREST				
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Tow Hitch Failure	Roadway Surface CONCRETE				
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Other	Construction NO If Yes, Construction Type				
☐	☐	☐	☐	Following Too Closely	☒	☒	☐	☐	None	Traffic Control Devices STOP SIGN				
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐		Traffic Control Device Operational? NA				
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐		Was this crash the result of aggressive driving? NO				
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐						
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐						
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐						
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐						
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐						
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐						
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐						
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐						
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐						
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐						
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐						
☐	☐	☐	☐	Other	☐	☐	☐	☐						
☐	☒	☐	☐	None	☒	☒	☐	☐	None					
					Environment Contributing Circumstances									
					☐	☐	☐	☐	Glare					
					☐	☐	☐	☐	Roadway Surface					
					☐	☐	☐	☐	Holes/Ruts in Surface					
					☐	☐	☐	☐	Shoulder Defective					
					☐	☐	☐	☐	Road Under Construction					
					☐	☐	☐	☐	Severe Crosswinds					
					☐	☐	☐	☐	Obstruction Not Marked					
					☐	☐	☐	☐	Lane Marking Obscured					
					☐	☐	☐	☐	View Obstructed					
					☐	☐	☐	☐	Animal/Object in Roadway					
					☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure					
					☐	☐	☐	☐	Utility Work					
					☐	☐	☐	☐	Other					
					☐	☐	☐	☐	None					

Total Estimate of all damage in the Crash:

\$5001 TO \$10,000

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	
☒ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant	1	AMITAV R THAMBA		
Address etc.			Non-Motorist Type	Non-Motorist Action
9880 CASCADES CT FISHERS INDIANA			Apparent Physical Condition	
Phone #	Location at Time of Crash		Cited?	Direction
3174108808	BEHIND V1			
☐ Witness	#	Name	Street/Highway	
☐ Other Participant				
Address etc.			Traffic Control? If yes, was traffic control operational?	
Phone #	Location at Time of Crash			

Local ID
201418168

Type of Crash

RIGHT ANGLE

Time Notified 7:14 AM	Time Arrived 7:16 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer B DENNIS		ID No. 9334	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 05/12/2014	
Investigating Officer AHNERT, J		ID No. 3089	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated in summary that he was on Klotz Farm Blvd getting ready to turn west on 116th ST. He stated that he did not see v2 traveling e/b.

D2 stated in summary that she was traveling east on 116th ST approaching Klotz Farm Blvd when V1 pulled out in front of her. D2 had abrasions to her arms and complained of knee pain. She was not transported by medics on scene.

W1 stated in summary that he was behind V1 when he observed it "inching" out onto 116th ST. W1 stated V1 pulled out in front of V2.

End of narrative. J Ahnert 3089/NO VIDEO

UNIT INFORMATION

902231407

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Local ID
201418168

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/28/1958		Age 56		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Nature of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SILVER		Vehicle Year 2012	
Make Ford		Model FUSION		Style 4D	
# Occupants 1		Lic Year 2015		License # SVU753	
License State IN		# Axles 2		Speed Limit 40	
Insured By TRAVELERS		Phone Number 8006372830			
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]					
FISHERS		IN 46037		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Lic State IN		Lic Year 2015		Registered Owner's Name (Last, First, MI) [REDACTED]	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)	
Veh Year 2012		Make Ford		Emergency Run? NO	
Lic State IN		Lic Year 2015		Registered Owner's Name (Last, First, MI) [REDACTED]	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year 2012		Make Ford		Pre-Crash Vehicle Action TURNING LEFT	
Lic State IN		Lic Year 2015		Direction of Travel NORTHWEST	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
Commercial Vehicle: Carrier's Name and Address [REDACTED]				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE	
US DOT# [REDACTED]		ICC# [REDACTED]		CMV Inspection [REDACTED]	
If Yes [REDACTED]		Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]	
HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]		HAZMAT 4-Digit ID# [REDACTED]	
Hazard Class # [REDACTED]					

UNIT INFORMATION

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Local ID
201418168

2		Driver's Name (Last, First, MI)		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/22/1965		Age 48		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☒ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☐ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color RED		Vehicle Year 2002	
Make HONDA		Model ACCORD LX		Style 4D	
# Occupants 1		Lic Year 2014		License # 310BEQ	
License State IN		# Axles 2		Speed Limit 40	
Insured By AAA		Phone Number 8002073618			
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To BOGGS TOWING		Due to Disabling Damage		☐ Undercarriage	
YES By BOGGS TOWING		YES		☐ Trailer	
Lic State		Registered Owner's Name (Last, First, MI)		☐ None	
☐ Same as Driver				☐ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Registered Owner's Name (Last, First, MI)		Emergency Run?	
☐ Same as Driver				Fire?	
License#		Address (Street, City, State, Zip)		NO	
Veh Year		Make		Vehicle Type	
				PASSENGER CAR/STATION WAGON	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☐ Multi-Lanes (3 or more)	
				☒ Multi-Lane Divided (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#		1. ANOTHER MOTOR VEHICLE	
CMV Inspection		If Yes			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo			
HAZMAT 4-Digit ID#		Hazard Class #			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902300804

Page 1 of 4

Local ID

201435998

Date of Crash 09/12/2014	Day of Week Fri	Actual Local Time 7:15 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																													
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Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather 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Crosswinds</td><td></td></tr><tr><td>Obstruction Not Marked</td><td></td></tr><tr><td>Lane Marking Obscured</td><td></td></tr><tr><td>View Obstructed</td><td></td></tr><tr><td>Animal/Object in Roadway</td><td></td></tr><tr><td>Traffic Ctl Inop/Missing/Obscure</td><td></td></tr><tr><td>Utility Work</td><td></td></tr><tr><td>Other</td><td></td></tr><tr><td>None</td><td></td></tr></tbody></table>					Environment Contributing Circumstances				Glare		Roadway Surface		Holes/Ruts in Surface		Shoulder Defective		Road Under Construction		Severe Crosswinds		Obstruction Not Marked		Lane Marking Obscured		View Obstructed		Animal/Object in Roadway		Traffic Ctl Inop/Missing/Obscure		Utility Work		Other		None		<table border="1"><thead><tr><th colspan="2">Area Information</th></tr></thead><tbody><tr><td>Hit and Run</td><td>NO</td></tr><tr><td>School Zone</td><td>NO</td></tr><tr><td>Rumble Strips</td><td>NO</td></tr><tr><td>Locality</td><td>URBAN</td></tr><tr><td>Light 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Non-Motorist Type	Non-Motorist Action																																																																																																																																																																																																																																																																																																																					
Apparent Physical Condition																																																																																																																																																																																																																																																																																																																						
Cited?	Direction																																																																																																																																																																																																																																																																																																																					
Street/Highway																																																																																																																																																																																																																																																																																																																						
Traffic Control?	If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																																					

902300804

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Local ID

201435998

**Type of
Crash**

RIGHT ANGLE

Time Notified 7:15 AM	Time Arrived 7:19 AM	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 09/12/2014	
Investigating Officer GAINES, R		ID No. 3067	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver 1 stated he was turning left onto 116th street from Klotz Farm Blvd. Driver 1 stated he did not see vehicle 2, when he pulled out. This is when they collided.

Driver2 stated he was EB on 116th street, when Vehicle 2 pulled out and struck his vehicle.

UNIT INFORMATION

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Local ID
201435998

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
1		Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS		IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/15/1987		Age		Gender MALE	
Driver's License # 8		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Nature of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SIL		Vehicle Year 2001	
# Occupants 1		Lic Year 2015		License # 234FAB	
# Axles 2		Speed Limit 35		Insured By STATE FARM	
Vehicle Identification # 5		Model SEQUOIA		Style 4W	
Registered Owner's Name (Last, First, MI) F		License State IN		Phone Number 3173560958	
Address (Street, City, State, Zip) 1		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ Rear	
FISHERS		IN 46038-1954		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
License#		Address (Street, City, State, Zip)		Emergency Run? Fire? NO	
Veh Year		Make		Vehicle Type PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action GOING STRAIGHT	
Registered Owner's Name (Last, First, MI)		Same as Driver		Direction of Travel NORTHWEST	
License#		Address (Street, City, State, Zip)		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
Veh Year		Make		Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		Event Collision With 1. ANOTHER MOTOR VEHICLE	
US DOT#		ICC#		Gross Vehicle Weight Rating	
CMV Inspection		If Yes		Cargo Body Type	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Class #		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	

UNIT INFORMATION

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Local ID
201435998

2 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS																	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES																	
PENDLETON IN 46064				Ejection/Trapped NOT EJECTED OR TRAPPED																	
Date of Birth 04/17/1972		Age		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status											
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury											
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury													
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes									
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results													
Veh# 2		Color SILVER		Vehicle Year 2006		Make Cadillac		Model Dts		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ ☐		Rear ☐ ☐ ☐ ☐					
# Occupants 2		Lic Year 2014		License # 705BHI		License State IN		# Axles 2		Speed Limit 40		Insured By PROGRESSIVE		Phone Number 8002744499		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☒ ☐ ☐		Rear ☐ ☐ ☐ ☐	
Vehicle Identification#				Registered Owner's Name (Last, First, MI)				☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)									
Address (Street, City, State, Zip)				PENDLETON IN 46064				Towed? To BOGGS TOWING YES By BOGGS TOWING Due to Disabling Damage YES				Emergency Run?				Fire? NO					
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON													
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT													
Lic State				Lic Year				Registered Owner's Name (Last, First, MI)				☐ Same as Driver				Direction of Travel EAST					
License#				Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)				Private Drive ☐ Alley					
Commercial Vehicle: Carrier's Name and Address				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 #									

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902333483

Local ID

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201444809

Date of Crash 11/13/2014	Day of Week Thu	Actual Local Time 8:45 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																															
Road Crash Occurred On KLOTZ FARM BLVD			Nearest/Intersecting Road/Mile Marker/Interchange 116TH 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 FISHERS			Property? OTHER		Crash Latitude		Crash Longitude																																																																																															
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																		
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None Area Information Hit and Run School Zone Rumble Strips Locality Light Condition Weather Conditions Surface Condition Type of Median Type of Roadway Junction Road Character Roadway Surface Construction Traffic Control Devices Traffic Control Device Operational? <tr> <td colspan="5">Total Estimate of all damage in the Crash: \$2501 TO \$5000</td> <td colspan="5">Was this crash the result of aggressive driving?</td> </tr> <tr> <td colspan="2">Other Property Damage (1)</td> <td>State Property</td> <td colspan="7">Owner's Name and Address</td> </tr> <tr> <td colspan="2">Other Property Damage (2)</td> <td>State Property</td> <td colspan="7">Owner's Name and Address</td> </tr> <tr> <td colspan="5">Witness/Other Participant</td> <td colspan="5">Non-Motorist</td> </tr> <tr> <td colspan="5"> Witness Other Participant # Name </td> <td colspan="5">(Last Name, First Name, MI)</td> </tr> <tr> <td colspan="5">Address etc.</td> <td colspan="2">Non-Motorist Type</td> <td colspan="3">Non-Motorist Action</td> </tr> <tr> <td colspan="5">Phone # Location at Time of Crash</td> <td colspan="2">Apparent Physical Condition</td> <td colspan="3"></td> </tr> <tr> <td colspan="5"> Witness Other Participant # Name </td> <td colspan="2">Cited?</td> <td colspan="3">Direction</td> </tr> <tr> <td colspan="5">Address etc.</td> <td colspan="5">Street/Highway</td> </tr> <tr> <td colspan="5">Phone # Location at Time of Crash</td> <td colspan="2">Traffic Control?</td> <td colspan="3">If yes, was traffic control operational?</td> </tr>					Total Estimate of all damage in the Crash: \$2501 TO \$5000					Was this crash the result of aggressive driving?					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					Witness Other Participant # Name					(Last Name, First Name, MI)					Address etc.					Non-Motorist Type		Non-Motorist Action			Phone # Location at Time of Crash					Apparent Physical Condition					Witness Other Participant # Name					Cited?		Direction			Address etc.					Street/Highway					Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		
Total Estimate of all damage in the Crash: \$2501 TO \$5000					Was this crash the result of aggressive driving?																																																																																																			
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																																																																																																			
Witness Other Participant # Name					(Last Name, First Name, MI)																																																																																																			
Address etc.					Non-Motorist Type		Non-Motorist Action																																																																																																	
Phone # Location at Time of Crash					Apparent Physical Condition																																																																																																			
Witness Other Participant # Name					Cited?		Direction																																																																																																	
Address etc.					Street/Highway																																																																																																			
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?																																																																																																	

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Local ID

201444809

**Type of
Crash**

REAR END

Time Notified 8:50 AM	Time Arrived 8:55 AM	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 11/13/2014	
Investigating Officer KEHL, S		ID No. 3015	Agency FISHERS PD	Reviewing Officer SCOTT KEHL	

Narrative

D1 advised he was stopped behind V2 on Klotz Farm Blvd waiting to turn west onto 116th St. He advised V2 started forward. He advised he started forward and at that time V2 stopped. He advised he attempted to stop but still collided into the rear of V2

D2 advised she was stopped waiting to turn west onto 116th St. When V1 collided into the rear of her vehicle.

UNIT INFORMATION

902333483

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Local ID
201444809

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/09/1972		Age 42		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color GRY		Vehicle Year 2011	
Make TOYOTA		Model SIENNA		Style SV	
# Occupants 1		Lic Year 2015		License # 577LLX	
License State IN		# Axles 2		Speed Limit 30	
Insured By AAA		Phone Number 8002073618			
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
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 #					
Vehicle Use		PERSONAL (FARM, COMPANY)			
Emergency Run?		Fire?		NO	
Vehicle Type		PASSENGER CAR/STATION WAGON			
Pre-Crash Vehicle Action		STARTING IN TRAFFIC			
Direction of Travel		NORTH			
Type of Primary/Secondary Roadway		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		☐ Multi-Lane Undivided (3 or more)	
Event Collision With		1. ANOTHER MOTOR VEHICLE			

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201444809

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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902360511

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Local ID

201450488

Date of Crash 12/26/2014	Day of Week Fri	Actual Local Time 1:55 AM	County HAMILTON	Township DELAWARE	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 1
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Area Information	
Driver Contributing Circumstances										Hit and Run	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	School Zone	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Rumble Strips	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Locality	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	URBAN	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Light Condition	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DARK (NOT LIGHTED)	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Weather Conditions	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	CLEAR	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Surface Condition	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DRY	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Median	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Roadway Junction	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	FOUR-WAY INTERSECTION	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Road Character	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	STRAIGHT/HILLCREST	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Roadway Surface	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	ASPHALT	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Construction	If Yes, Construction Type
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	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			Non-Motorist	
☐ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant				
Address etc.			Non-Motorist Type	Non-Motorist Action
Phone #			Apparent Physical Condition	
Location at Time of Crash			Cited?	Direction
☐ Witness	#	Name		
☐ Other Participant				
Address etc.			Street/Highway	
Phone #			Traffic Control?	
Location at Time of Crash			If yes, was traffic control operational?	

Local ID
201450488

Type of Crash

Time Notified 1:58 AM	Time Arrived 2:15 AM	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 12/26/2014	
Investigating Officer BROCKMAN, A		ID No. 3145	Agency FISHERS PD	Reviewing Officer	

Narrative

Case Number: 2014-50488

On December 26, 2014 at approximately 1:58 AM I, Officer Adam Brockamn was dispatched to the Gas station at the insertion of 116th Street and Cumberland road to investigate a car versus a deer accident. Upon my arrival I met with Samuel McIahlan (D1) who stated that he was driving west bound on 116th Street when I deer ran in front of his car causing it to collide with the front bumper of his vehicle.

I provided D1 with the Fishers Police Accident information form.

End of Narrative/ Adam Brockman 3145

UNIT INFORMATION

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Local ID
201450488

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
LEBANON		IN 46052		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 09/15/1961		Age		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color WHI		Vehicle Year 2015	
# Occupants 2		Lic Year 2015		License # WMV327	
# Axles 2		Speed Limit 40		Insured By SAFECO	
Vehicle Make/Model/Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
LEBANON		IN 46052-8142		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? NO		To By		Due to Disabling Damage	
License#		Address (Street, City, State, Zip)		Emergency Run? NO	
Veh Year		Make		Fire?	
Lic State		Lic Year		Vehicle Type VAN	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT	
License#		Address (Street, City, State, Zip)		Direction of Travel WEST	
Veh Year		Make		Type of Primary/Secondary Roadway	
Commercial Vehicle: Carrier's Name and Address				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. DEER	
US DOT#		ICC#		CMV Inspection	
Gross Vehicle Weight Rating		Cargo Body Type		If Yes	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
				Hazard Class #	



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201639146

Date of Crash 09/14/2016	Day of Week Wed	Actual Local Time 4:22 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude	
Driver #1 [REDACTED]		Driver #2 [REDACTED]		Driver #3		Driver #4			
Driver Contributing Circumstances					Vehicle Contributing Circumstances				
Primary Cause					Primary Cause				
Vehicle 1					Vehicle 1				
Vehicle 2					Vehicle 2				
Vehicle 3					Vehicle 3				
Vehicle 4					Vehicle 4				
☐ Alcoholic Beverages					☐ Engine Failure or Defective				
☐ Illegal Drugs					☐ Accelerator Failure or Defective				
☐ Prescription Drugs					☐ Brake Failure or Defective				
☐ Driver Asleep or Fatigued					☐ Tire Failure or Defective				
☐ Driver Illness					☐ Headlight(s) Defective or Not On				
☐ Unsafe Speed					☐ Other Lights Defective				
☒ Failure to Yield					☐ Steering Failure				
☐ Disregard Signal					☐ Window/Windshield Defective				
☐ Left of Center					☐ Oversize/Overweight Load				
☐ Improper Passing					☐ Insecure/Leaky Load				
☐ Improper Turning					☐ Tow Hitch Failure				
☐ Improper Lane Usage					☐ Other				
☐ Following Too Closely					☒ None				
☐ Unsafe Backing					Environment Contributing Circumstances				
☐ Overcorrecting					☐ Glare				
☐ Ran off Road					☐ Roadway Surface				
☐ Wrong Way on One Way					☐ Holes/Ruts in Surface				
☐ Pedestrian's Action					☐ Shoulder Defective				
☐ Passenger Distraction					☐ Road Under Construction				
☐ Restriction Violation					☐ Severe Crosswinds				
☐ Jackknifing					☐ Obstruction Not Marked				
☐ Cell Phone Usage					☐ Lane Marking Obscured				
☐ Other Telematics					☐ View Obstructed				
☐ Driver Distracted					☐ Animal/Object in Roadway				
☐ Speed/Weather Conditions					☐ Traffic Ctl Inop/Missing/Obscure				
☐ Unsafe Lane Movement					☐ Utility Work				
☐ Other					☐ Other				
☒ None					☒ None				
Area Information									
Hit and Run					NO				
School Zone					NO				
Rumble Strips					NO				
Locality					URBAN				
Light Condition					DAYLIGHT				
Weather Conditions					CLEAR				
Surface Condition					DRY				
Type of Median									
Type of Roadway Junction					T-INTERSECTION				
Road Character					STRAIGHT/LEVEL				
Roadway Surface					ASPHALT				
Construction					If Yes, Construction Type				
NO									
Traffic Control Devices					LANE CONTROL				
Traffic Control Device Operational?					NA				
Total Estimate of all damage in the Crash:					Was this crash the result of aggressive driving?				
\$1001 TO \$2500					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				
☐ Witness # Name					(Last Name, First Name, MI)				
☐ Other Participant # Name									
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name					Cited?		Direction		
☐ Other Participant # Name									
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID

201639146

**Type of
Crash**

RIGHT ANGLE

Time Notified 4:22 PM	Time Arrived 4:23 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 09/14/2016	
Investigating Officer DAVID, A		ID No. 3033	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 advised he was on Klotz Farm Blvd. and was stopped, waiting to turn W/B on to 116th St. D1 advised he did not see V2 oncoming in the right lane of E/B 116th St. V1 pulled directly into the path of V2. V1 collided with V2 causing damage. D1 admitted fault at the scene.

D2 advised he was traveling E/B on 116th St at Klotz Farm Blvd. D2 stated as he approached the intersection V1 pulled directly into his path. V1 collided with V2 causing damage.

UNIT INFORMATION

90277319

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Local ID
201639146

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 09/03/1947		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color DGR		Vehicle Year 2001	
# Occupants 1		Lic Year 2017		License # TK751MQT	
# Axles 2		Speed Limit 40		Insured By STATE FARM	
Vehicle Identification#		Model RANGER		Style TK	
Registered Owner's Name (Last, First, MI)		License State IN		Phone Number 3178702272	
Address (Street, City, State, Zip)		Initial Impact Area		Front Rear	
FISHERS		IN 46037-4310		Undercarriage Trailer None Unknown	
Towed? To NO By		Due to Disabling Damage		Areas Damaged (Multiples) Undercarriage Trailer None Unknown	
Lic State		Lic Year		Vehicle Use PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		Same as Driver		Emergency Run? Fire? NO	
License#		Address (Street, City, State, Zip)		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action TURNING LEFT	
Lic State		Lic Year		Direction of Travel NORTH	
Registered Owner's Name (Last, First, MI)		Same as Driver		Type of Primary/Secondary Roadway	
License#		Address (Street, City, State, Zip)		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
Veh Year		Make		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		Event Collision With 1. ANOTHER MOTOR VEHICLE	
State DOT#		US DOT#		HAZMAT Release of Cargo	
ICC#		CMV Inspection		HAZMAT 4-Digit ID#	
If Yes		Gross Vehicle Weight Rating		Hazard Class #	
Cargo Body Type					

UNIT INFORMATION

90277319

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Local ID
201639146

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/09/1977		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ TolFrom Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color BLK		Vehicle Year 2014	
Make HONDA		Model CR-V		Style 4W	
# Occupants 2		Lic Year 2017		License # WYE522	
License State IN		# Axles 2		Speed Limit 40	
Insured By ALLIED		Phone Number 8002821446			
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037-5513		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire?	
Veh Year		Make		NO	
Commercial Vehicle: Carrier's Name and Address				Vehicle Type	
				PASSENGER CAR/STATION WAGON	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		GOING STRAIGHT	
CMV Inspection		If Yes		Direction of Travel	
Gross Vehicle Weight Rating		Cargo Body Type		EAST	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☒ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
Event Collision With					
1. ANOTHER MOTOR VEHICLE					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902977587

Local ID

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201734264

Date of Crash 08/12/2017	Day of Week Sat	Actual Local Time 2:52 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																							
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Defective	☐	☐	☐	☐	Oversize/Overweight Load	☐	☐	☐	☐	Insecure/Leaky Load	☐	☐	☐	☐	Tow Hitch Failure	☐	☐	☐	☐	Other	☐	☐	☐	☐	None	☒	☒	☐	☐	<table border="1"><thead><tr><th colspan="2">Environment Contributing Circumstances</th></tr></thead><tbody><tr><td>☐</td><td>☐</td></tr><tr><td>Glare</td><td>☐</td></tr><tr><td>Roadway Surface</td><td>☐</td></tr><tr><td>Holes/Ruts in Surface</td><td>☐</td></tr><tr><td>Shoulder Defective</td><td>☐</td></tr><tr><td>Road Under Construction</td><td>☐</td></tr><tr><td>Severe Crosswinds</td><td>☐</td></tr><tr><td>Obstruction Not Marked</td><td>☐</td></tr><tr><td>Lane Marking Obscured</td><td>☐</td></tr><tr><td>View Obstructed</td><td>☐</td></tr><tr><td>Animal/Object in Roadway</td><td>☐</td></tr><tr><td>Traffic Ctl Inop/Missing/Obscure</td><td>☐</td></tr><tr><td>Utility Work</td><td>☐</td></tr><tr><td>Other</td><td>☐</td></tr><tr><td>None</td><td>☒</td></tr></tbody></table>					Environment Contributing Circumstances		☐	☐	Glare	☐	Roadway Surface	☐	Holes/Ruts in 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SIGN</td></tr><tr><td>Traffic Control Device Operational?</td><td>NA</td></tr><tr><td>Was this crash the result of aggressive driving?</td><td>NO</td></tr></tbody></table>					Area Information		Hit and Run	NO	School Zone	NO	Rumble Strips	NO	Locality	URBAN	Light Condition	DAYLIGHT	Weather Conditions	CLOUDY	Surface Condition	DRY	Type of Median		Type of Roadway Junction	T-INTERSECTION	Road Character	STRAIGHT/GRADE	Roadway Surface	CONCRETE	Construction	NO	If Yes, Construction Type		Traffic Control Devices	STOP SIGN	Traffic Control Device Operational?	NA	Was this crash the result of aggressive driving?	NO
Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4																																																																																																																																																																																																																																																																																																																												
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Local ID

201734264

**Type of
Crash**

LEFT TURN

Time Notified 2:59 PM	Time Arrived 3:05 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 08/12/2017	
Investigating Officer ALVIS, J		ID No. 3057	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver 1 stated he was northbound on Klotzfarm Blvd attempted to turn left and travel west onto E. 116th Street. Driver 1 drove onto E. 116th as Vehicle 2 was turning from westbound E. 116th onto Klotzfarm Blvd. Driver 1 stated he tried to drive around Vehicle 2 but collided with it in the intersection.

Driver 2 stated he was westbound E. 116th Street in the turn lane to go south onto Klotzfarm Blvd. Driver 2 stated as he was turning, Vehicle 1 pulled out and collided with his vehicle.

UNIT INFORMATION

902977587

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1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
CARMEL		IN 46033		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/07/2000		Age		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment		Nature of Most Severe Injury ☐ Infraction ☐ Misdemeanor ☐ Felony	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury ☐ None	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color GRY		Vehicle Year 2015	
# Occupants 1		Lic Year 2018		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By NATIONWIDE	
Vehicle Identification # [REDACTED]		Model ACADIA		Style 4W	
Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN		Phone Number 8004213535	
Address (Street, City, State, Zip) [REDACTED]				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS		IN 46037-4319		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run? NO	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Fire? NO	
License #		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action TURNING LEFT	
Lic State		Lic Year		Direction of Travel NORTHWEST	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☒ Multi-Lane w/ Cable Barrier	
License #		Address (Street, City, State, Zip) [REDACTED]		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Veh Year		Make		Event Collision With 1. ANOTHER MOTOR VEHICLE	
Commercial Vehicle: Carrier's Name and Address [REDACTED]					
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 #	

UNIT INFORMATION

902977587

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Local ID
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2		Driver's Name (Last, First, MI) [REDACTED] W		Safety Equipment Used LAP + HARNESS	
[REDACTED]		[REDACTED]		Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 02/22/1957		Age		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☒ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color BLKBLK		Vehicle Year 2012	
# Occupants 1		Lic Year 2018		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By STATE FARM INS	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN	
Address (Street, City, State, Zip) [REDACTED]		Phone Number 3178421962		Initial Impact Area	
FISHERS		IN 46037-4080		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip) [REDACTED]		Fire? NO	
Veh Year		Make		Vehicle Type	
Lic State		Lic Year		PASSENGER CAR/STATION WAGON	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Pre-Crash Vehicle Action	
License #		Address (Street, City, State, Zip) [REDACTED]		TURNING LEFT	
Veh Year		Make		Direction of Travel	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		SOUTHWEST	
US DOT#		ICC#		Type of Primary/Secondary Roadway	
CMV Inspection		If Yes		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
Gross Vehicle Weight Rating		Cargo Body Type		☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
HAZMAT Placard		HAZMAT Release of Cargo		Event Collision With	
HAZMAT 4-Digit ID#		Hazard Class #		1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903246977

Local ID

Page

1

of

4

201847557

Date of Crash 10/26/2018	Day of Week Fri	Actual Local Time 4:36 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On KLOTZ FARM BLVD			Nearest/Intersecting Road/Mile Marker/Interchange 116TH 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 FISHERS				Property?	Crash Latitude 39 57.426	Crash Longitude -85 59.266							
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☐ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☒ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☐ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions RAIN Surface Condition WET Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: UNDER \$1001														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant # Name														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant # Name					Street/Highway									
Address etc.					Traffic Control? If yes, was traffic control operational?									
Phone # Location at Time of Crash														

Local ID

201847557

**Type of
Crash**

REAR END

Time Notified 4:38 PM	Time Arrived 4:44 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 10/26/2018	
Investigating Officer GABRIELSEN, S		ID No. 3174	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 advised that while waiting to pull onto 116th street from Klotz Farm he believed V2 was moving forward. V2 did not move at which point he struck V2.

No injuries

V1 damage to front bumper

V2 damage to rear bumper

No Audio/Video

S. Gabrielsen 3174

UNIT INFORMATION

903246977

Page 3 of 4

Local ID
201847557

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used UNKNOWN							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? N/A							
INDIANAPOLIS IN 46202				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 08/29/1988		Age		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT Certified Test ☐ Pending		Drug Results		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony		IC Codes	
Veh# 1		Color SILVER		Vehicle Year 2003		Make HONDA		Model Civic		Style 2D	
# Occupants 1		Lic Year 2019		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☐ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 25		Insured By GEICO		Phone Number 8002077847		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☒ ☒ Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED]				INDIANAPOLIS IN 46202				Emergency Run? Fire? NO			
Towed? To NO By		Due to Disabling Damage		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) [REDACTED] ☐ Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT	
License#		Address (Street, City, State, Zip)		Veh Year		Make		Lic State		Lic Year	
HAZMAT Proper Shipping Name:		State DOT#		Direction of Travel NORTH		Type of Primary/Secondary Roadway		Type of Primary/Secondary Roadway			
US DOT#		ICC#		CMV Inspection		If Yes		☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp			
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With 1. ANOTHER MOTOR VEHICLE							
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #					

UNIT INFORMATION

903246977

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Local ID
201847557

2		Driver's Name (Last, First, MI)		Safety Equipment Used UNKNOWN	
Address (Street, City, State, Zip)				Safety Equipment Effective? N/A	
CARMEL IN 46032				Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/15/1986		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status				Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Location of Most Severe Injury	
Restrictions				If Cited?	
☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment				☐ Infraction ☐ Misdemeanor ☐ Felony	
Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None		Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color WHITE		Vehicle Year 2011	
# Occupants 1		Lic Year 2019		Model CHEVROLET	
# Axles 2		Speed Limit 25		Style 4D	
Insured By PROGRESSIVE		License #		License State IN	
Phone Number 8007764737		Vehicle Identification #		Initial Impact Area	
Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
CARMEL IN 46032		Vehicle Use		Front ☐ ☐ ☐ ☐ Rear	
Towed? To NO By		Due to Disabling Damage		Areas Damaged (Multiples)	
Lic State		Lic Year		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI)		Same as Driver		Front ☐ ☐ ☐ ☐ Rear	
License #		Address (Street, City, State, Zip)		Vehicle Type	
Veh Year		Make		PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action	
Registered Owner's Name (Last, First, MI)		Same as Driver		SLOWING OR STOPPED IN TRAFFIC	
License #		Address (Street, City, State, Zip)		Direction of Travel	
Veh Year		Make		NORTH	
Commercial Vehicle: Carrier's Name and Address		Type of Primary/Secondary Roadway		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
HAZMAT Proper Shipping Name:		State DOT#		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☒ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
US DOT#		ICC#		Event Collision With	
CMV Inspection		If Yes		1. ANOTHER MOTOR VEHICLE	
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Class #					

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903360759

Local ID

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201915838

Date of Crash 04/23/2019	Day of Week Tue	Actual Local Time 1:00 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM RD		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?		Crash Latitude		Crash Longitude					
Driver #1		Driver #2			Driver #3		Driver #4							
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insurect/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/HILLCREST Roadway Surface CONCRETE Construction NO If Yes, Construction Type Traffic Control Devices LANE CONTROL Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: \$2501 TO \$5000														
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									
Witness Other Participant # Name					(Last Name, First Name, MI)									
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
Witness Other Participant # Name					Cited?		Direction							
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

201915838

**Type of
Crash**

LEFT/RIGHT TURN

Time Notified 1:02 PM	Time Arrived 1:07 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 04/27/2019	
Investigating Officer MARSHALL, C		ID No. 3144	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver of V1 advised he was attempting to exit the neighborhood by making a left turn W/B onto 116th St. Driver advised he checked both directions and as he pulled out, he observed V2 traveling E/B toward his vehicle. Driver advised he could not avoid V2, and struck V2 with the front drivers side fender and bumper of his vehicle. Driver declined medical attention.

Driver of V2 advised she was traveling E/B along 116th St when suddenly V1 pulled out in front of her from Klotz Farm Rd and struck her vehicle. Driver declined medical attention.

UNIT INFORMATION

903360759

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Local ID
201915838

1 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip)				Safety Equipment Effective? YES							
INDIANAPOLIS IN 46217-4868				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 01/25/1951		Age 68		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License #		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Certified Test ☐ Pending		Drug Results		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Veh# 1		Color SIL		Vehicle Year 2012		Make BMW		Model 7LX		Style 4D	
# Occupants 1		Lic Year 2019		License #		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By USAA		Phone Number 1111111111		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☒ Unknown		Front ☐ ☒ ☒ Rear ☐ ☐ ☐	
Vehicle Identification#				Registered Owner's Name (Last, First, MI)				☐ Same as Driver			
Address (Street, City, State, Zip)				INDIANAPOLIS IN 46217-4868				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To YES By BOGGS		Due to Disabling Damage YES		Emergency Run?		Fire?		NO			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Vehicle Type PASSENGER CAR/STATION WAGON			
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action TURNING LEFT		Direction of Travel NORTH		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Veh Year		Make		Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Event Collision With 1. ANOTHER MOTOR VEHICLE			
License#		Address (Street, City, State, Zip)		HAZMAT Proper Shipping Name:		State DOT#		HAZMAT Placard			
Veh Year		Make		US DOT#		ICC#		CMV Inspection		If Yes	
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #			

UNIT INFORMATION

903360759

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Local ID
201915838

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 07/28/1980		Age		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☒ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ TolFrom Employment		☐ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color TAN		Vehicle Year 2009	
Make TOYOTA		Model CAMRY		Style 4D	
# Occupants 1		Lic Year 2019		License #	
License State IN		Phone Number 1111111111			
# Axles 2		Speed Limit 40		Insured By AMERICAN SELECT	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037-8876		Areas Damaged (Multiples)	
Towed? To BOGGS		Due to Disabling Damage		☐ Undercarriage	
YES By BOGGS		YES		☐ Trailer	
Lic State		Registered Owner's Name (Last, First, MI)		☐ None	
☐ Same as Driver				☒ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Registered Owner's Name (Last, First, MI)		Emergency Run?	
☐ Same as Driver				Fire?	
License#		Address (Street, City, State, Zip)		NO	
Veh Year		Make		Vehicle Type	
				PASSENGER CAR/STATION WAGON	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road	
				☒ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☐ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With	
US DOT#		ICC#		1. ANOTHER MOTOR VEHICLE	
CMV Inspection		If Yes			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
Hazard Class #					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903419126

Local ID

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201929972

Date of Crash 07/31/2019	Day of Week Wed	Actual Local Time 2:20 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude						
Driver #1		Driver #2			Driver #3		Driver #4							
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/HILLCREST Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: \$5001 TO \$10000														
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									
☒ Witness	#	Name			(Last Name, First Name, MI)									
☐ Other Participant	1													
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone #					Location at Time of Crash		Apparent Physical Condition							
					DRIVING WEST ON 116TH STREET									
☐ Witness	#	Name			Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone #					Location at Time of Crash		Traffic Control?							
							If yes, was traffic control operational?							

Local ID

201929972

**Type of
Crash**

RIGHT ANGLE

Time Notified 2:23 PM	Time Arrived 2:25 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 07/31/2019	
Investigating Officer MYERS, B		ID No. 3035	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was driving east on 116th Street nearing the intersection of 116th Street and Klotz Farm Blvd. D1 stated she was in the right lane and had her right turn signal on indicating that she was going to turn right onto Klotz Farm Blvd. D1 stated she slowed then decided she was not going to turn then turned off her turn signal. D1 stated she was then struck by V2 that was pulling out of Klotz Farm Blvd. onto 116th Street.

D2 stated she was stopped at a stop sign located at the intersection of 116th and Klotz Farm Blvd. D2 stated she had her left turn signal on indicating that she was going to turn left onto 116th Street from Klotz Farm Blvd. D2 stated that she observed V1 driving east on 116th Street with it's right turn signal on. D2 stated that D1 began to slow and there was no other traffic behind V1. D2 stated she looked to the right (east) and traffic was clear. D2 stated that she pulled out into traffic and V1 continued driving straight (east) and she collided with V1.

W1 stated he was driving west on 116th Street nearing the intersection of 116th Street and Klotz Farm Blvd. W1 stated he saw V1 traveling east in the right lane with its right turn signal on. W1 stated V1 began to slow. W1 saw V2, which was stopped at a stop sign located at 116th and Klotz Farm Blvd., begin to pull into traffic. W1 stated he observed V1 continue straight (east) then V2 collided with V1.

There will be no follow-up investigation made by this officer. End narrative.

Sgt. Brad Myers 3035

UNIT INFORMATION

903419126

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Local ID
201929972

1 Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/25/2002	Age 16	Gender FEMALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending			
Veh# 1	Color RED	Vehicle Year 2007	Make FORD
Model FOCUS	Style 4D		
# Occupants 2	Lic Year 2019	License # [REDACTED]	License State IN
# Axles 2	Speed Limit 40	Insured By NATIONWIDE	Phone Number 8004213535
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS IN 46037		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? NO	To By	Due to Disabling Damage	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver	
License #		Address (Street, City, State, Zip)	
Veh Year	Make		
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver	
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 #
Event Collision With 1. ANOTHER MOTOR VEHICLE			

UNIT INFORMATION

903419126

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Local ID
201929972

2				Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip)				Safety Equipment Effective?				YES			
MUNCIE				IN				47304			
Date of Birth 11/05/1981		Age 37		Gender FEMALE		Ejection/Trapped NOT EJECTED OR TRAPPED		EMS No.		Driver Injury Status	
Driver's License #		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status		Restrictions		Employer's Vehicle Only		State-Owned Vehicles		PP Chauffeurs Taxi Only		Power Steering	
☒ Normal		☐ Glasses/Contact Lenses		☐ Outside Rearview Mirror		☐ Daylight Driving		☐ Automatic Transmission		☐ Special Controls	
☐ Had Been Drinking		☐ Ill		☐ Asleep/Fatigued		☐ Drugs/Medication		☐ Unknown		☐ None	
☐ Handicapped		☐ Employment Only		☐ Motorcycle Only		☐ TolFrom Employment		☒ None		☐ Probation DWI	
☐ Probation HTO		☐ None		☐ None		☐ None		☐ None		☐ None	
Test Given NONE		Type Given		☐ Blood		☐ Urine		☐ Breath		☐ SFST	
☐ PBT		☐ Pending		☐ Pending		☐ Pending		☐ Pending		☐ Pending	
Alcohol Results		Certified Test		Drug Results		Location of Most Severe Injury		If Cited?		IC Codes	
PBT		Certified Test		Drug Results		Location of Most Severe Injury		If Cited?		IC Codes	
Veh# 2		Color GRAY		Vehicle Year 2019		Make CHEVROLET		Model TRAVERSE		Style UT	
# Occupants 2		Lic Year 2019		License #		License State IN		Initial Impact Area		Front	
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY		Phone Number 7652810100		Undercarriage		Rear	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		Same as Driver		Areas Damaged (Multiples)		Undercarriage		Front	
Address (Street, City, State, Zip)		MUNCIE		IN		47304		Trailer		Rear	
MUNCIE		IN		47304		Vehicle Use		None		Rear	
Towed? To NO		Due to Disabling Damage		PERSONAL (FARM, COMPANY)		Emergency Run?		Fire?		NO	
License#		Address (Street, City, State, Zip)		Vehicle Type		SPORT UTILITY VEHICLE		Pre-Crash Vehicle Action		TURNING LEFT	
Veh Year		Make		Direction of Travel		NORTHWEST		Type of Primary/Secondary Roadway		One Way Road	
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		Same as Driver		One Lane - One Way		Two Lanes - One Way	
License#		Address (Street, City, State, Zip)		Multi-Lanes (3 or more) - One Way		Multi-Lane w/ Grass Median Only		Multi-Lane w/ Concrete Barrier		Multi-Lane w/ Metal Guardrail Median	
Veh Year		Make		Multi-Lane w/ Curb Raised Median		Multi-Lane w/ Cable Barrier		Private Drive		Alley	
Commercial Vehicle: Carrier's Name and Address		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 #	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903663275

Page 1 of 4

Local ID

202036838

Date of Crash 10/02/2020	Day of Week Fri	Actual Local Time 4:11 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
Driver #1		Driver #2			Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																							
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<table border="1"><thead><tr><th colspan="3">Witness/Other Participant</th><th colspan="2">Non-Motorist</th></tr></thead><tbody><tr><td>☒ Witness</td><td>#</td><td>Name</td><td colspan="2">(Last Name, First Name, MI)</td></tr><tr><td>☐ Other Participant</td><td>1</td><td></td><td colspan="2"></td></tr><tr><td colspan="3">Address etc.</td><td>Non-Motorist Type</td><td>Non-Motorist Action</td></tr><tr><td colspan="3">Phone #</td><td colspan="2">Apparent Physical Condition</td></tr><tr><td colspan="3">Location at Time of Crash</td><td colspan="2"></td></tr><tr><td colspan="3">WB 116TH AT KLOTZ FARM BLVD</td><td colspan="2"></td></tr><tr><td>☐ Witness</td><td>#</td><td>Name</td><td>Cited?</td><td>Direction</td></tr><tr><td>☐ Other Participant</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="3">Address etc.</td><td colspan="2">Street/Highway</td></tr><tr><td colspan="3">Phone #</td><td colspan="2">Location at Time of Crash</td></tr><tr><td colspan="3"></td><td>Traffic Control?</td><td>If yes, was traffic control operational?</td></tr></tbody></table>					Witness/Other Participant			Non-Motorist		☒ Witness	#	Name	(Last Name, First Name, MI)		☐ Other Participant	1				Address etc.			Non-Motorist Type	Non-Motorist Action	Phone #			Apparent Physical Condition		Location at Time of Crash					WB 116TH AT KLOTZ FARM BLVD					☐ Witness	#	Name	Cited?	Direction	☐ Other Participant					Address etc.			Street/Highway		Phone #			Location at Time of Crash					Traffic Control?	If yes, was traffic control operational?																																																																																																																																																																																																																																																														
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Local ID

202036838

**Type of
Crash**

RIGHT ANGLE

Time Notified 4:12 PM	Time Arrived 4:12 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 10/02/2020	
Investigating Officer MYERS, B		ID No. 3035	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was stopped on Klotz Farm Blvd waiting on traffic to clear so that he could turn left (west) onto 116th Street. D1 stated he believed traffic had cleared both ways and made a left turn. D1 stated, "that was when she ran into me".

D2 stated she was traveling eastbound on 116th Street approaching the intersection of 116th street and Klotz Farm Blvd. D2 stated that V1 pulled out directly in front of her lane of travel and a collision occurred.

W1 was traveling west on 116th Street in the far right lane. W1 said that he was nearing the intersection of 116th and Klotz Farm Blvd when he saw V1 pull out from Klotz Farm Blvd onto 116th Street. W1 said V2 could not stop to avoid a collision. After the collision, W1 stayed on scene to report what he witnessed.

There will be no follow-up investigation made by this officer. End narrative.

Sgt. Brad Myers 3035

UNIT INFORMATION

903663275

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Local ID
202036838

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 05/17/1939		Age 81		Gender MALE		EMS No. 0715	
				Inmed Attn YES		Driver Injury Status INCAPACITATING - TRANSPORTED	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Nature of Most Severe Injury COMPLAINT OF PAIN				Location of Most Severe Injury ENTIRE BODY			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending							
Veh# 1		Color WHITE		Vehicle Year 2020		Make HONDA	
Model CRV		Style UT		# Occupants 1		Lic Year 2020	
License # [REDACTED]		License State IN		# Axles 2		Speed Limit 35	
Insured By SAFECO INSURANCE		Phone Number 8664273326					
Vehicle Identification # [REDACTED]				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)			
FISHERS IN 46037				Emergency Run? NO			
Towed? To YES By GARNERS		Due to Disabling Damage YES		Fire? NO			
Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver			
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type SPORT UTILITY VEHICLE			
Veh Year [REDACTED]		Make [REDACTED]		Pre-Crash Vehicle Action TURNING LEFT			
Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver			
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Direction of Travel NORTHWEST			
Veh Year [REDACTED]		Make [REDACTED]		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier			
Commercial Vehicle: Carrier's Name and Address [REDACTED]				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☒ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
HAZMAT Proper Shipping Name: [REDACTED]		State DOT # [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE			
US DOT # [REDACTED]		ICC # [REDACTED]		CMV Inspection [REDACTED]		If Yes [REDACTED]	
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]					
HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]		HAZMAT 4-Digit ID # [REDACTED]		Hazard Class # [REDACTED]	

UNIT INFORMATION

903663275

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Local ID
202036838

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 07/02/1980		Age 40		Gender FEMALE		EMS No.		Inmed Attn NO		Driver Injury Status	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Certified Test ☐ Pending		Drug Results			
Veh# 2		Color MARCON		Vehicle Year 2000		Make TOYOTA		Model CAMRY		Style 4D	
# Occupants 1		Lic Year 2021		License # [REDACTED]		License State IN		Initial Impact Area			
# Axles 2		Speed Limit 35		Insured By GEICO INSURANCE		Phone Number 8008413000		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples)			
FISHERS IN 46037		Towed? To YES By MILLERS		Due to Disabling Damage YES		Emergency Run?		Fire?			
License#		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Vehicle Use	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		PERSONAL (FARM, COMPANY)	
License#		Address (Street, City, State, Zip) [REDACTED]		Veh Year		Make		Lic State		Lic Year	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Pre-Crash Vehicle Action	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		GOING STRAIGHT	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Direction of Travel	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		EAST	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Type of Primary/Secondary Roadway	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☒ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Event Collision With	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		1. ANOTHER MOTOR VEHICLE	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		HAZMAT Proper Shipping Name:	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		State DOT#	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		US DOT#	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		ICC#	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		CMV Inspection	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		If Yes	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Gross Vehicle Weight Rating	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Cargo Body Type	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		HAZMAT Placard	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		HAZMAT Release of Cargo	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		HAZMAT 4-Digit ID#	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		Hazard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903725669

Local ID

Page

1

of

4

20211739

Date of Crash 01/14/2021	Day of Week Thu	Actual Local Time 1:50 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On KOTZ FARM BLVD			Nearest/Intersecting Road/Mile Marker/Interchange EAST 116TH 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 FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2			Driver #3		Driver #4		
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Environment Contributing Circumstances 					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition DRY Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/HILLCREST Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: \$5001 TO \$10000									
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				
Witness Other Participant # Name 					(Last Name, First Name, MI)				
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
Witness Other Participant # Name 					Cited?		Direction		
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID

20211739

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 12:52 PM	Time Arrived 12:52 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 01/14/2021	
Investigating Officer SMITH, W		ID No. 3137	Agency FISHERS PD	Reviewing Officer	

Narrative

D#1 stated that while stopped at the stop sign in the northbound lane of Klotz Farm BLVD, he observed V#2 to be stopped in the center median waiting to merge into westbound traffic. He stated that he saw a gap in the traffic flow and decided to pass V#2 and merge into the westbound traffic. He advised that while doing so, the front passenger side of his vehicle struck the rear drivers side of V#2.

D#2 stated that while stopped in the East 116th street center median at Klotz Farm BLVD waiting to merge into the westbound lane of travel, V#1 struck the rear drivers side of her vehicle.

UNIT INFORMATION

903725669

Page 3 of 4

Local ID
20211739

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 03/05/2004		Age 16		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ TolFrom Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Certified Test ☐ Pending		Drug Results		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Veh# 1		Color SILVER		Vehicle Year 2019		Make FORD		Model MUSTANG		Style 4D	
# Occupants 1		Lic Year 2021		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ ☐ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By ALLSTATE		Phone Number 1111111111		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ ☐ Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Emergency Run? NO			
Towed? NO		To By		Due to Disabling Damage		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver	
License #		Address (Street, City, State, Zip)		Vehicle Type PASSENGER CAR/STATION WAGON		Pre-Crash Vehicle Action MERGING		Direction of Travel NORTHWEST		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Type of Primary/Secondary Roadway ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp		Event Collision With 1. ANOTHER MOTOR VEHICLE		HAZMAT Proper Shipping Name: State DOT#	
Veh Year		Make		Address (Street, City, State, Zip)		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	
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 #		HAZMAT Proper Shipping Name: State DOT#		HAZMAT Release of Cargo	

Local ID
20211739

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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903745807

Page 1 of 4

Local ID

20216972

Date of Crash 02/20/2021	Day of Week Sat	Actual Local Time 10:28 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																						
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<table border="1"><thead><tr><th colspan="3">Witness/Other Participant</th><th colspan="2">Non-Motorist</th></tr></thead><tbody><tr><td>☐ Witness</td><td>#</td><td>Name</td><td colspan="2">(Last Name, First Name, MI)</td></tr><tr><td>☐ Other Participant</td><td></td><td></td><td colspan="2"></td></tr><tr><td colspan="3">Address etc.</td><td>Non-Motorist Type</td><td>Non-Motorist Action</td></tr><tr><td colspan="3">Phone #</td><td colspan="2">Apparent Physical Condition</td></tr><tr><td colspan="3">Location at Time of Crash</td><td>Cited?</td><td>Direction</td></tr><tr><td colspan="3">Address etc.</td><td colspan="2">Street/Highway</td></tr><tr><td colspan="3">Phone #</td><td colspan="2">Location at Time of Crash</td></tr><tr><td colspan="3"></td><td>Traffic Control?</td><td>If yes, was traffic control operational?</td></tr></tbody></table>					Witness/Other Participant			Non-Motorist		☐ Witness	#	Name	(Last Name, First Name, MI)		☐ Other Participant					Address etc.			Non-Motorist Type	Non-Motorist Action	Phone #			Apparent Physical Condition		Location at Time of Crash			Cited?	Direction	Address etc.			Street/Highway		Phone #			Location at Time of Crash					Traffic Control?	If yes, was traffic control operational?																																																																																																																																																																																																																																																																													
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Local ID

20216972

**Type of
Crash**

RIGHT ANGLE

Time Notified 10:28 PM	Time Arrived 10:34 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 02/20/2021	
Investigating Officer SIEG, Z		ID No. 3176	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver 1 stated that she was going to turn left (westbound) onto 116th from Klotz Farm Blvd and did not see a vehicle coming. She stated that she could not see V2 coming due to the large snow drift that was on the side of the road. When she pulled out V2 struck the rear driver side of her vehicle.

Driver 2 stated that he was traveling eastbound on 116th when V1 pulled out directly in front of him. He stated that it did not seem like the vehicle stopped at all.

Local ID
20216972

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UNIT INFORMATION

903745807

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Local ID
20216972

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
INDIANAPOLIS		IN 46236		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/16/1981		Age 39		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ TolFrom Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color LBL		Vehicle Year 2014	
Make JEEP		Model WRANGLER		Style UT	
# Occupants 1		Lic Year 2021		License #	
License State IN		Phone Number 8664071786			
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
INDIANAPOLIS		IN 46256		☐ None	
Towed? To YES		MILLERS		☐ Unknown	
By YES		MILLERS			
Lic State		Lic Year		Areas Damaged (Multiples)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
License #		Address (Street, City, State, Zip)		☐ Trailer	
Veh Year		Make		☐ None	
Lic State		Lic Year		☐ Unknown	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Vehicle Use	
License #		Address (Street, City, State, Zip)		PERSONAL (FARM, COMPANY)	
Veh Year		Make		Emergency Run?	
Commercial Vehicle: Carrier's Name and Address				Fire?	
HAZMAT Proper Shipping Name:		State DOT#		NO	
US DOT#		ICC#		Vehicle Type	
CMV Inspection		If Yes		SPORT UTILITY VEHICLE	
Gross Vehicle Weight Rating		Cargo Body Type		Pre-Crash Vehicle Action	
HAZMAT Placard		HAZMAT Release of Cargo		GOING STRAIGHT	
HAZMAT 4-Digit ID#		Hazard Class #		Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☒ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	



Appendix C – Crash Reports Knightsbridge Lane



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 4

902620420

Local ID

20161303

Date of Crash 01/11/2016	Day of Week Mon	Actual Local Time 3:48 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On KNIGHTSBRIDGE LN			Nearest/Intersecting Road/Mile Marker/Interchange DEERING ST		If not an intersection, number of feet from 300	Direction S	Road Classification LOCAL/CITY ROAD							
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude						
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☐ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☒ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☐ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☒ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☐ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition ICE Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character CURVE/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type 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: \$2501 TO \$5000														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

20161303

**Type of
Crash**

OTHER - EXPLAIN IN NARRATIVE

Time Notified 3:51 PM	Time Arrived 3:54 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 01/11/2016	
Investigating Officer MARSH, T		ID No. 3062	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver # 1 stated she was driving east bound on Knightsbridge Lane and as she began to go around the curve her US Postal vehicle (vehicle # 1) began to slide on the icy roadway. Driver # 1 reported that her vehicle slid around until she was facing the opposite way and vehicle # 2 collided with her vehicle. Driver # 1 did not report any injuries. Vehicle # 1 sustained moderate rear bumper damage and was drivable.

Driver # 2 stated she was south bound on Knightsbridge Lane and as she entered the turn she observe vehicle # 1 skid around in front of her. Driver # 2 attempted to stop but was unable to stop in time on the icy roadway and collided with vehicle # 1. Driver # 2 did not report any injuries. Vehicle # 2 sustained moderate front bumper damage and was drivable.

UNIT INFORMATION

902620420

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Local ID
20161303

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
PENDLETON IN 46064				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 06/24/1983		Age 52		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color WHITE		Vehicle Year 1989		Make CHEVROLET		Model SML CNV CAB 4X2-		Style PD	
# Occupants 1		Lic Year 2016		License # [REDACTED]		License State US		Phone Number 3179137902		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
# Axles 2		Speed Limit 25		Insured By SELF INSURED		Phone Number 3179137902		Front ☐ ☐ ☒ ☐		Rear ☐ ☐ ☐ ☐	
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FISHERS IN 46038				Vehicle Use OTHER GOVERNMENT (POSTAL, ETC.)				Emergency Run? NO			
Towed? To NO By				Due to Disabling Damage				Fire? NO			
License#				Address (Street, City, State, Zip)				Vehicle Type VAN			
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT			
License#				Address (Street, City, State, Zip)				Direction of Travel NORTHEAST			
Veh Year				Make				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

UNIT INFORMATION

902620420

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Local ID
20161303

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS									
Address (Street, City, State, Zip) [REDACTED] IN				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 07/23/1987		Age 48		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color GRAY		Vehicle Year 2012		Make Honda		Model ODYSSEY		Style SV			
# Occupants 1		Lic Year 2016		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐			
# Axles 2		Speed Limit 25		Insured By INDIANA FARM BUREAU		Phone Number 3177732431		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☒ ☒ Rear ☐ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)					
FISHERS IN 46037				Towed? To NO By				Due to Disabling Damage					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Emergency Run?		Fire? NO					
License#		Address (Street, City, State, Zip)		Vehicle Type VAN		Pre-Crash Vehicle Action GOING STRAIGHT		Direction of Travel SOUTHWEST					
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
License#		Address (Street, City, State, Zip)		HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. ANOTHER MOTOR VEHICLE					
Veh Year		Make		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 #			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902968827

Local ID

Page 1 of 4

201727558

Date of Crash 07/03/2017	Day of Week Mon	Actual Local Time 11:29 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																																																								
Road Crash Occurred On BRIXTON LN			Nearest/Intersecting Road/Mile Marker/Interchange KNIGHTSBRIDGE LN		If not an intersection, number of feet from 100	Direction S	Road Classification LOCAL/CITY ROAD																																																																																																																																																																																																																																																																																																																																																										
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																																																									
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Local ID
201727558

Type of Crash

REAR END

Time Notified 11:29 AM	Time Arrived 11:50 AM	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 07/03/2017	
Investigating Officer COLLING, B		ID No. 3098	Agency FISHERS PD	Reviewing Officer	

Narrative

D2 stated that he had just left his home and was traveling south on Knightsbridge Ln. D2 said that he believed that he had forgotten something at his home and stopped in the roadway. D2 said that when he looked into his rearview mirror, he could see D1 fast approaching and could not accelerate to move his car and avoid the collision.

D1 said that she was also traveling on Knightsbridge Ln. and observed the D2 was heading southbound as well. D2 said that she took her eye off the road for just a brief moment and when she looked up, D2 was stopped in the roadway. D1 said that she could not avoid D2 and collided with the rear of his vehicle.

I observed heavy front end damage to D1's vehicle, as well as airbag deployment, and minor damage to the rear of D2's vehicle.

No injuries were reported by either party involved.

UNIT INFORMATION

902968827

Page 3 of 4

Local ID
201727558

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 02/19/1996		Age 21		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color GRAY		Vehicle Year 2013		Make HONDA		Model ACCORD		Style 4D	
# Occupants 1		Lic Year 2018		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 30		Insured By ALLSTATE INSURANCE		Phone Number 7656422076		Front ☐ ☐ ☐ Rear ☐ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Front ☒ ☐ ☐ Rear ☒ ☐ ☐			
Towed? To YES By GARNERS TOWING				Due to Disabling Damage YES				Vehicle Use PERSONAL (FARM, COMPANY)			
Lic State [REDACTED]				Lic Year [REDACTED]				Emergency Run? [REDACTED]			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Fire? NO				Vehicle Type PASSENGER CAR/STATION WAGON			
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Pre-Crash Vehicle Action GOING STRAIGHT			
Veh Year [REDACTED]				Make [REDACTED]				Direction of Travel SOUTH			
Lic State [REDACTED]				Lic Year [REDACTED]				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Commercial Vehicle: Carrier's Name and Address [REDACTED]				HAZMAT Proper Shipping Name: [REDACTED]				State DOT# [REDACTED]			
US DOT# [REDACTED]				ICC# [REDACTED]				CMV Inspection [REDACTED]			
If Yes [REDACTED]				Gross Vehicle Weight Rating [REDACTED]				Cargo Body Type [REDACTED]			
HAZMAT Placard [REDACTED]				HAZMAT Release of Cargo [REDACTED]				HAZMAT 4-Digit ID# [REDACTED]			
Hazard Class # [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE							

UNIT INFORMATION

902968827

Page 4 of 4

Local ID
201727558

Driver's Name (Last, First, MI) 2 [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 1 [REDACTED]		Safety Equipment Effective? YES	
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 11/10/1980	Age 56	Gender MALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending		Nature of Most Severe Injury	
Veh# 2		Color TAN	Vehicle Year 1996
Make FORD		Model VICTORIA	Style 4D
# Occupants 1		Lic Year 2018	License # [REDACTED]
License State IN		Phone Number 0	
# Axles 2		Speed Limit 30	Insured By PROGRESSIVE
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
INDIANAPOLIS IN 46204		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]	
License #		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year	Make	Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC	
Lic State	Lic Year	Direction of Travel SOUTH	
License #		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
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 #
Event Collision With 1. ANOTHER MOTOR VEHICLE			



Appendix D – Traffic Count Data Klotz Farm Boulevard

116TH ST & KLOTZ FARM BLVD - TMC

Thu Aug 31, 2023

Full Length (6:30 AM-9 AM, 3 PM-6 PM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg Direction	South Northbound				West Eastbound				East Westbound				
Time	L	R	U	App	T	R	U	App	L	T	U	App	Int
2023-08-31 6:30AM	5	2	0	7	6	1	0	7	1	131	0	132	146
6:45AM	11	3	0	14	67	1	0	68	2	193	0	195	277
Hourly Total	16	5	0	21	73	2	0	75	3	324	0	327	423
7:00AM	8	7	0	15	84	2	0	86	1	274	0	275	376
7:15AM	23	3	0	26	94	2	0	96	2	371	0	373	495
7:30AM	21	4	0	25	108	7	0	115	2	432	0	434	574
7:45AM	13	6	0	19	176	9	0	185	3	399	0	402	606
Hourly Total	65	20	0	85	462	20	0	482	8	1476	0	1484	2051
8:00AM	20	18	0	38	177	5	0	182	1	422	0	423	643
8:15AM	11	3	0	14	197	10	0	207	5	393	0	398	619
8:30AM	18	9	0	27	171	0	0	171	1	357	0	358	556
8:45AM	8	4	0	12	192	1	0	193	1	353	0	354	559
Hourly Total	57	34	0	91	737	16	0	753	8	1525	0	1533	2377
3:00PM	4	3	0	7	312	10	0	322	2	225	0	227	556
3:15PM	6	8	0	14	351	13	0	364	15	301	0	316	694
3:30PM	13	7	0	20	450	12	0	462	3	214	0	217	699
3:45PM	9	7	0	16	423	16	0	439	2	269	0	271	726
Hourly Total	32	25	0	57	1536	51	0	1587	22	1009	0	1031	2675
4:00PM	6	4	0	10	376	14	0	390	2	226	0	228	628
4:15PM	8	7	0	15	440	19	0	459	2	269	0	271	745
4:30PM	12	8	0	20	397	23	0	420	9	241	0	250	690
4:45PM	15	10	0	25	477	13	0	490	6	310	0	316	831
Hourly Total	41	29	0	70	1690	69	0	1759	19	1046	0	1065	2894
5:00PM	10	2	0	12	435	20	0	455	4	245	0	249	716
5:15PM	11	7	0	18	462	15	0	477	3	287	0	290	785
5:30PM	8	12	0	20	465	17	0	482	4	286	0	290	792
5:45PM	16	12	0	28	419	15	0	434	2	314	0	316	778
Hourly Total	45	33	0	78	1781	67	0	1848	13	1132	0	1145	3071
Total	256	146	0	402	6279	225	0	6504	73	6512	0	6585	13491
% Approach	63.7%	36.3%	0%	-	96.5%	3.5%	0%	-	1.1%	98.9%	0%	-	-
% Total	1.9%	1.1%	0%	3.0%	46.5%	1.7%	0%	48.2%	0.5%	48.3%	0%	48.8%	-
Lights and Motorcycles	252	139	0	391	6187	219	0	6406	70	6406	0	6476	13273
% Lights and Motorcycles	98.4%	95.2%	0%	97.3%	98.5%	97.3%	0%	98.5%	95.9%	98.4%	0%	98.3%	98.4%
Heavy	4	7	0	11	92	6	0	98	3	106	0	109	218
% Heavy	1.6%	4.8%	0%	2.7%	1.5%	2.7%	0%	1.5%	4.1%	1.6%	0%	1.7%	1.6%

* L: Left, R: Right, T: Thru, U: U-Turn



Appendix E – Traffic Count Data Spyglass Ridge Drive

116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

Full Length (6:30 AM-9 AM, 3 PM-6 PM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

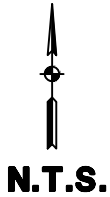
Leg Direction	South Northbound					North Southbound					West Eastbound					East Westbound					
Time	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	Int
2023-08-31 6:30AM	4	0	0	0	4	0	0	1	0	1	0	48	1	0	49	1	151	0	0	152	206
6:45AM	8	0	1	0	9	0	0	1	0	1	0	76	1	0	77	0	180	0	0	180	267
Hourly Total	12	0	1	0	13	0	0	2	0	2	0	124	2	0	126	1	331	0	0	332	473
7:00AM	6	0	1	0	7	1	0	1	0	2	1	95	3	0	99	1	275	0	0	276	384
7:15AM	6	0	8	0	14	0	0	0	0	0	1	92	1	0	94	1	377	2	0	380	488
7:30AM	11	0	8	0	19	1	0	2	0	3	0	110	2	0	112	2	392	0	0	394	528
7:45AM	10	0	4	0	14	1	0	3	0	4	0	176	4	0	180	1	357	0	0	358	556
Hourly Total	33	0	21	0	54	3	0	6	0	9	2	473	10	0	485	5	1401	2	0	1408	1956
8:00AM	5	0	12	0	17	1	0	4	0	5	0	174	4	0	178	1	375	0	0	376	576
8:15AM	2	0	4	0	6	1	0	4	0	5	3	188	8	0	199	3	362	2	0	367	577
8:30AM	7	0	2	0	9	0	0	1	0	1	2	178	2	0	182	2	359	1	0	362	554
8:45AM	6	0	1	0	7	0	0	3	0	3	1	179	3	0	183	4	326	0	0	330	523
Hourly Total	20	0	19	0	39	2	0	12	0	14	6	719	17	0	742	10	1422	3	0	1435	2230
3:00PM	5	0	2	0	7	0	0	0	0	0	1	277	9	1	288	5	212	0	0	217	512
3:15PM	3	0	5	0	8	0	0	4	0	4	1	318	13	0	332	2	282	0	0	284	628
3:30PM	3	0	2	0	5	0	0	1	0	1	4	444	13	1	462	8	213	1	0	222	690
3:45PM	4	0	2	0	6	0	0	0	0	0	2	399	8	0	409	4	258	1	0	263	678
Hourly Total	15	0	11	0	26	0	0	5	0	5	8	1438	43	2	1491	19	965	2	0	986	2508
4:00PM	4	0	3	0	7	0	0	0	0	0	2	321	11	0	334	4	200	1	0	205	546
4:15PM	3	0	3	0	6	3	0	1	0	4	4	410	15	0	429	2	252	1	0	255	694
4:30PM	4	0	6	0	10	0	0	1	0	1	2	388	4	0	394	6	240	2	0	248	653
4:45PM	11	0	4	0	15	0	0	3	0	3	0	437	9	0	446	1	268	0	0	269	733
Hourly Total	22	0	16	0	38	3	0	5	0	8	8	1556	39	0	1603	13	960	4	0	977	2626
5:00PM	1	0	7	0	8	1	0	1	0	2	3	396	6	0	405	5	252	0	0	257	672
5:15PM	7	0	5	0	12	0	0	2	0	2	1	457	10	0	468	9	267	2	0	278	760
5:30PM	4	0	7	0	11	1	0	3	0	4	4	426	8	0	438	3	248	0	0	251	704
5:45PM	8	0	5	0	13	0	0	0	0	0	0	389	14	0	403	3	324	2	0	329	745
Hourly Total	20	0	24	0	44	2	0	6	0	8	8	1668	38	0	1714	20	1091	4	0	1115	2881
Total	122	0	92	0	214	10	0	36	0	46	32	5978	149	2	6161	68	6170	15	0	6253	12674
% Approach	57.0%	0%	43.0%	0%	-	21.7%	0%	78.3%	0%	-	0.5%	97.0%	2.4%	0%	-	1.1%	98.7%	0.2%	0%	-	-
% Total	1.0%	0%	0.7%	0%	1.7%	0.1%	0%	0.3%	0%	0.4%	0.3%	47.2%	1.2%	0%	48.6%	0.5%	48.7%	0.1%	0%	49.3%	-
Lights and Motorcycles	122	0	87	0	209	10	0	30	0	40	29	5892	142	2	6065	64	6080	12	0	6156	12470
% Lights and Motorcycles	100%	0%	94.6%	0%	97.7%	100%	0%	83.3%	0%	87.0%	90.6%	98.6%	95.3%	100%	98.4%	94.1%	98.5%	80.0%	0%	98.4%	98.4%
Heavy	0	0	5	0	5	0	0	6	0	6	3	86	7	0	96	4	90	3	0	97	204
% Heavy	0%	0%	5.4%	0%	2.3%	0%	0%	16.7%	0%	13.0%	9.4%	1.4%	4.7%	0%	1.6%	5.9%	1.5%	20.0%	0%	1.6%	1.6%

* L: Left, R: Right, T: Thru, U: U-Turn



Appendix F – Traffic Volume on 116th Street

21-1001\10465 FISHERS IMPACT FEE STUDY\FISHERS IMPACT FEE PROPOSAL\10465-FISHERS IMPACT FEE STUDY SUMMARY 1+1 10-24-14 MK



45A

45B

EXISTING CONDITIONS

APPROX. LENGTH	1,954 FT	6,184 FT
% NO PASSING	100%	100%
# LANES/WIDTH	4/50'	4/50'-67' W/MEDIAN OR TWLTL
EFFECTIVE SHOULDER WIDTH	CURB & GUTTER	CURB & GUTTER
SPEED LIMIT	40 MPH	40 MPH
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB)	28/72	28/72
DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	64/36	64/36
EXISTING DHV AM	2,031	2,031
EXISTING DHV PM	2,360	2,360
LEVEL OF SERVICE AM	C	C
LEVEL OF SERVICE PM	C	C
EXISTING ADT	27,788	27,788

FUTURE CONDITIONS

# LANES/WIDTH	4/50'	4/50'-67' W/MEDIAN
EFFECTIVE SHOULDER WIDTH	CURB & GUTTER	CURB & GUTTER
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB)	30/70	30/70
DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	60/40	60/40
PROJECTED 10-YEAR DHV AM	2,907	2,907
PROJECTED 10-YEAR DHV PM	4,504	4,504
FUTURE LEVEL OF SERVICE AM	D	D
FUTURE LEVEL OF SERVICE PM	F	F
PROJECTED 10-YEAR ADT	39,822	39,822

LEGEND

- EXISTING ROAD
- PROPOSED ROAD



CITY OF FISHERS
TRAFFIC IMPACT PLAN

ROADWAY SEGMENT SUMMARY
116TH STREET
FROM CUMBERLAND RD TO HOOSIER RD

SHT.
31

Volume Summary Report: F45 EB

Station ID : F45 EB

Info Line 1 : ON 116TH BT HOOSIER RD

Info Line 2 : & CUMBERLAND RD

GPS Lat/Lon : 39 57.4098,N / 085 59.4126,W

DB File : F45 EB.DB

Last Connected Device Type : OmegaX3

Version Number : 2.03

Serial Number : 0716XC32509

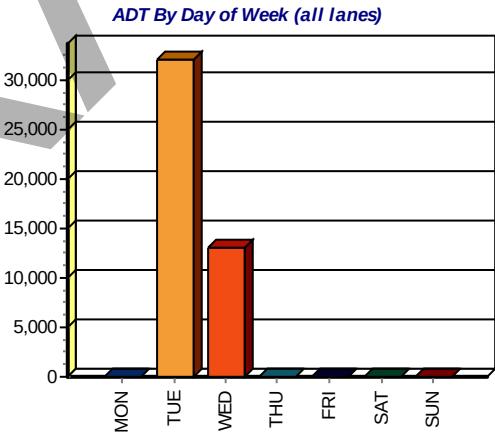
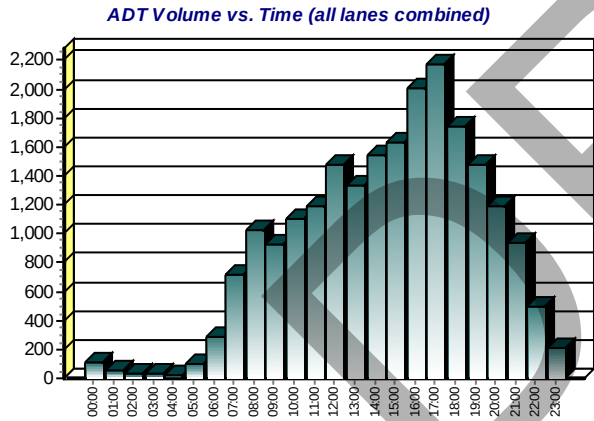
Number of Lanes : 2

Posted Speed Limit : 0.0 mph

Lane Configuration																										
#	Dir.	Information				Volume Mode				Volume Sensors				Divide / 2		Comment										
1.		East				Normal				Veh.				No												
2.		East				Normal				Veh.				No												
Total Count:		0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	Total
	Lane #1	35	20	11	11	8	41	112	268	376	336	424	429	558	420	557	621	768	839	688	540	444	356	178	75	8115
	Lane #2	73	39	23	22	17	58	174	446	648	586	678	764	922	916	982	1005	1233	1332	1051	941	742	577	315	135	13679
	TOTAL	108	59	34	33	25	99	286	714	1024	922	1102	1193	1480	1336	1539	1626	2001	2171	1739	1481	1186	933	493	210	21794
Percents:		0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	
	Lane #1	0%	0%	0%	0%	0%	1%	1%	3%	5%	4%	5%	5%	7%	5%	7%	8%	9%	10%	8%	7%	5%	4%	2%	1%	
	Lane #2	1%	0%	0%	0%	0%	0%	1%	3%	5%	4%	5%	6%	7%	7%	7%	7%	9%	10%	8%	7%	5%	4%	2%	1%	
	TOTAL	0%	0%	0%	0%	0%	0%	1%	3%	5%	4%	5%	5%	7%	6%	7%	7%	9%	10%	8%	7%	5%	4%	2%	1%	
ADT:		0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	Total
	Lane #1	35	20	11	11	8	41	112	268	376	336	424	429	558	420	557	621	768	839	688	540	444	356	178	75	8115
	Lane #2	73	39	23	22	17	58	174	446	648	586	678	764	922	916	982	1005	1233	1332	1051	941	742	577	315	135	13679
	TOTAL	108	59	34	33	25	99	286	714	1024	922	1102	1193	1480	1336	1539	1626	2001	2171	1739	1481	1186	933	493	210	21794

ALL LANES

	Sun	Mon	Tue	Wed	Thu	Fri	Sat			Total	Percent
DW Totals :	0	0	14715	7079	0	0	0	Weekday (Mon-Fri) :		21794	100%
# Days :	0.0	0.0	0.5	0.5	0.0	0.0	0.0	ADT :		21794	
ADT :	0	0	32105	13069	0	0	0	Weekend (Sat-Sun) :		0	0%
Percent :	0%	0%	68%	32%	0%	0%	0%	ADT :		0	



Volume Summary Report: F45 WB

Station ID : F45 WB
Info Line 1 : ON 116TH BT
Info Line 2 : HOOSIER RD & CUMBERLAND RD
GPS Lat/Lon : 39 57.4273,N / 085 59.3721,W
DB File : F45 WB.DB

Last Connected Device Type : OmegaX3
Version Number : 1.43
Serial Number : 0117XC33586
Number of Lanes : 2
Posted Speed Limit : 0.0 mph

Lane Configuration

#	Dir.	Information	Volume Mode	Volume Sensors	Divide / 2	Comment
1.	West		Normal	Veh.	No	
2.	West		Normal	Veh.	No	

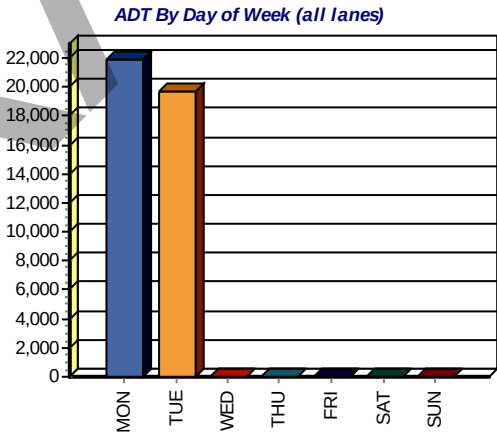
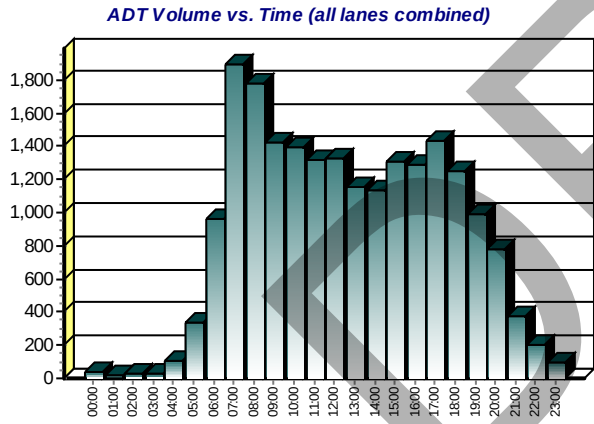
Total Count:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	Total
Lane #1	8	3	11	7	36	105	303	603	587	447	451	406	413	378	366	432	420	448	393	304	262	116	69	24	6592
Lane #2	35	18	22	19	70	235	662	1292	1195	975	944	908	917	781	773	879	873	985	853	691	516	263	134	71	14111
TOTAL	43	21	33	26	106	340	965	1895	1782	1422	1395	1314	1330	1159	1139	1311	1293	1433	1246	995	778	379	203	95	20703

Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	
Lane #1	0%	0%	0%	0%	1%	2%	5%	9%	9%	7%	7%	6%	6%	6%	6%	7%	6%	7%	6%	5%	4%	2%	1%	0%	
Lane #2	0%	0%	0%	0%	0%	2%	5%	9%	8%	7%	7%	6%	6%	6%	5%	6%	6%	7%	6%	5%	4%	2%	1%	1%	
TOTAL	0%	0%	0%	0%	1%	2%	5%	9%	9%	7%	7%	6%	6%	6%	6%	6%	6%	7%	6%	5%	4%	2%	1%	0%	

ADT:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	Total
Lane #1	8	3	11	7	36	105	303	603	587	447	451	406	413	378	366	432	420	448	393	304	262	116	69	24	6592
Lane #2	35	18	22	19	70	235	662	1292	1195	975	944	908	917	781	773	879	873	985	853	691	516	263	134	71	14111
TOTAL	43	21	33	26	106	340	965	1895	1782	1422	1395	1314	1330	1159	1139	1311	1293	1433	1246	995	778	379	203	95	20703

ALL LANES

	Sun	Mon	Tue	Wed	Thu	Fri	Sat		Total	Percent
DW Totals :	0	10031	10672	0	0	0	0	Weekday (Mon-Fri) :	20703	100%
# Days :	0.0	0.5	0.5	0.0	0.0	0.0	0.0	ADT :	20703	
ADT :	0	21886	19702	0	0	0	0	Weekend (Sat-Sun) :	0	0%
Percent :	0%	48%	52%	0%	0%	0%	0%	ADT :	0	





Appendix G – Traffic Volume on Cumberland Rd

2:\2014\40455 FISHERS IMPACT FEE STUDY\FISHERS IMPACT FEE PROPOSAL\40455-FISHERS IMPACT FEE 10-24-14 MK



N.T.S.



107A
EXISTING CONDITIONS

APPROX. LENGTH	4,537 FT	985 FT
% NO PASSING	100%	100%
# LANES/WIDTH	2/21'	2/48'-W/TWLT
EFFECTIVE SHOULDER WIDTH	1' GRASS	CURB & GUTTER
SPEED LIMIT	35 MPH	35 MPH
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB)	49/51	49/51
DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	50/50	50/50
EXISTING DHV AM	641	641
EXISTING DHV PM	827	827
LEVEL OF SERVICE AM	C	C
LEVEL OF SERVICE PM	C	C
EXISTING ADT	10,491	10,491

FUTURE CONDITIONS

# LANES/WIDTH	2/21'	2/48'-W/TWLT
EFFECTIVE SHOULDER WIDTH	1' GRASS	CURB & GUTTER
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB)	45/55	45/55
DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	47/53	47/53
PROJECTED 10-YEAR DHV AM	1,190	1,190
PROJECTED 10-YEAR DHV PM	1,552	1,552
FUTURE LEVEL OF SERVICE AM	D	D
FUTURE LEVEL OF SERVICE PM	E	E
PROJECTED 10-YEAR ADT	19,508	19,508

LEGEND

- EXISTING ROAD
- PROPOSED ROAD



CITY OF FISHERS
TRAFFIC IMPACT PLAN

ROADWAY SEGMENT SUMMARY
CUMBERLAND ROAD
FROM 106TH ST TO 116TH ST

SHT.
83

Volume Summary Report: F107NB

Station ID : F107NB

Info Line 1 : ON CUMBERLAND RD BT

Info Line 2 : 116TH & 106TH

GPS Lat/Lon : 39 56.9611,N / 085 59.6941,W

DB File : F107NB.DB

Last Connected Device Type : Omega-G

Version Number : 2.03

Serial Number : G40628

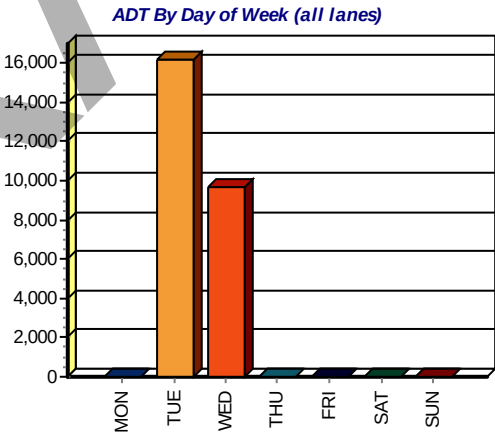
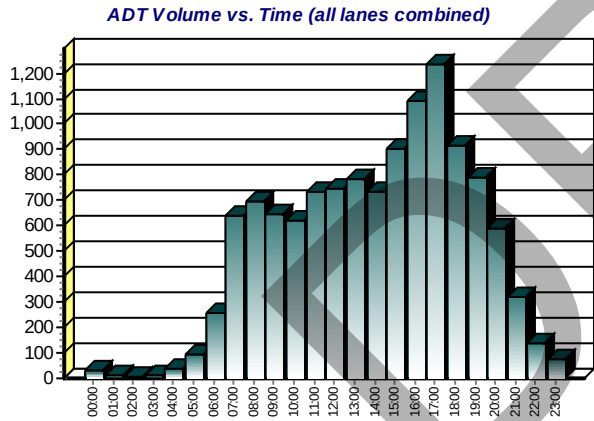
Number of Lanes : 2

Posted Speed Limit : 0.0 mph

Lane Configuration																										
#	Dir.	Information				Volume Mode				Volume Sensors				Divide / 2		Comment										
1.		North				Normal				Veh.				No												
2.		South				Normal				Veh.				No												
Total Count:		0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	Total
	Lane #1	11	4	4	6	24	62	153	318	350	311	313	339	338	350	344	387	531	528	401	388	206	105	51	28	5552
	Lane #2	19	6	5	7	11	30	104	323	343	332	310	396	406	435	389	518	560	707	517	402	381	217	87	48	6553
	TOTAL	30	10	9	13	35	92	257	641	693	643	623	735	744	785	733	905	1091	1235	918	790	587	322	138	76	12105
Percents:		0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	
	Lane #1	0%	0%	0%	0%	0%	1%	3%	6%	6%	6%	6%	6%	6%	6%	6%	7%	10%	10%	7%	7%	4%	2%	1%	1%	
	Lane #2	0%	0%	0%	0%	0%	0%	2%	5%	5%	5%	5%	6%	6%	7%	6%	8%	9%	11%	8%	6%	6%	3%	1%	1%	
	TOTAL	0%	0%	0%	0%	0%	1%	2%	5%	6%	5%	5%	6%	6%	6%	6%	7%	9%	10%	8%	7%	5%	3%	1%	1%	
ADT:		0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	Total
	Lane #1	11	4	4	6	24	62	153	318	350	311	313	339	338	350	344	387	531	528	401	388	206	105	51	28	5552
	Lane #2	19	6	5	7	11	30	104	323	343	332	310	396	406	435	389	518	560	707	517	402	381	217	87	48	6553
	TOTAL	30	10	9	13	35	92	257	641	693	643	623	735	744	785	733	905	1091	1235	918	790	587	322	138	76	12105

ALL LANES

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Percent
DW Totals :	0	0	6062	6043	0	0	0	Weekday (Mon-Fri) :	12105 100%
# Days :	0.0	0.0	0.4	0.6	0.0	0.0	0.0	ADT :	12105
ADT :	0	0	16165	9669	0	0	0	Weekend (Sat-Sun) :	0 0%
Percent :	0%	0%	50%	50%	0%	0%	0%	ADT :	0



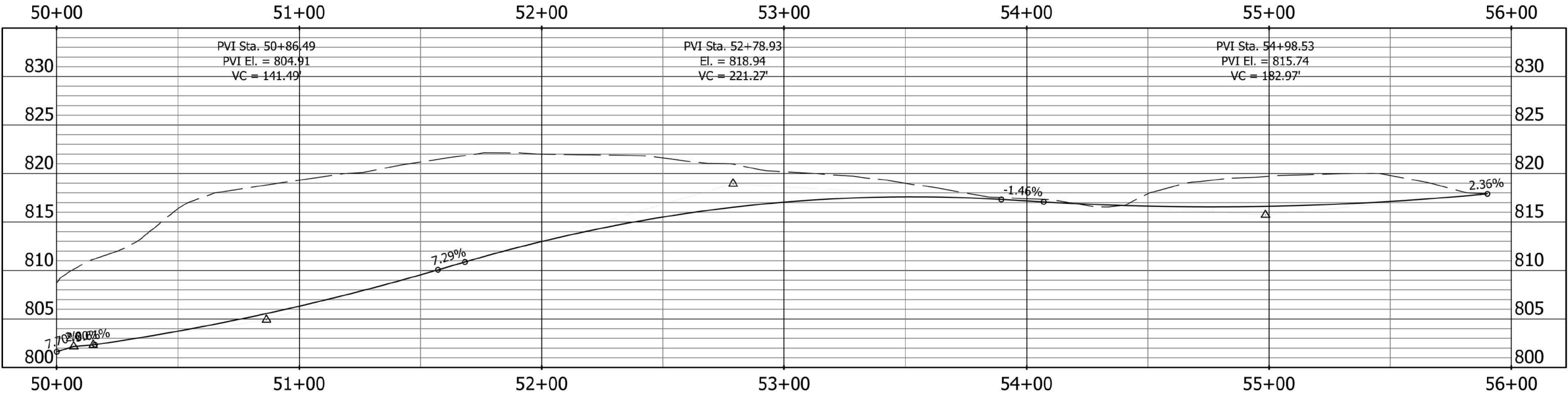


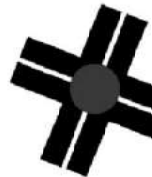
Appendix H – Proposed Solution Matrix w/ Exhibits

Spyglass Falls - Spyglass Hills Proposal Alternatives																
	Total Cost		Construction Cost		Preliminary Engineering Cost		Right-of-Way Cost		Inspection Cost		Parcels Impacted	Relocations	Land Required (Acres)	Complexity	Pros	Cons
Option 1																
Connection between Niagara Drive & Cumberland Road	\$	3,515,900.00	\$	1,833,700.00	\$	293,400.00	\$	1,132,100.00	\$	256,700.00	4	2	1.90	5	•Direct connection to Cumberland Road •New sidewalk connection	•High earthwork •Retaining walls •Tree removal
Option 2																
Extension of Cascades Court to Cumberland Road	\$	1,791,600.00	\$	877,700.00	\$	140,400.00	\$	650,600.00	\$	122,900.00	2	1	1.43	4	•Direct connection to Cumberland Road •New sidewalk connection	•High earthwork •Steep grade •Tree removal •DNR Permitting
Option 3																
Extension of Laurel Falls Lane to Knightsbridge Lane	\$	494,200.00	\$	379,500.00	\$	60,700.00	\$	900.00	\$	53,100.00	1	0	0.00	2	•Low Impact •Connection made in existing platted right-of-way	•Increased traffic into Spyglass Hills neighborhood •Additional clearing needed for sight distance
Option 4																
Signal at Klotz Farm Blvd & 116th Street	\$	455,000.00	\$	350,000.00	\$	56,000.00	\$	-	\$	49,000.00	0	0	0.00	1	•Slows traffic on 116th St •Safe egress •Corridor consistency	•Increased mainline delay on 116th St •May not meet signal warrants
Option 5																
Signal at Spyglass Ridge Drive & 116th Street	\$	459,700.00	\$	350,000.00	\$	56,000.00	\$	4,700.00	\$	49,000.00	1	0	0.02	1	•Slows traffic on 116th St •Safe egress •Corridor consistency	•Increased mainline delay on 116th St •May not meet signal warrants
Option 6																
Roundabout at Klotz Farm Blvd & 116th Street	\$	3,102,400.00	\$	2,293,400.00	\$	366,900.00	\$	121,000.00	\$	321,100.00	4	0	0.48	3	•Slows traffic on 116th St •Safe egress •Improved landscaping	•Increased traffic impacts on 116th St •Disruption to coordinated signal system •Potential side street delay due to E-W volumes
Option 7																
Roundabout at Spyglass Ridge Drive & 116th Street	\$	2,794,200.00	\$	2,124,300.00	\$	339,900.00	\$	32,600.00	\$	297,400.00	7	0	0.13	3	•Slows traffic on 116th St •Safe egress •Improved landscaping	•Increased traffic impacts on 116th St •Disruption to coordinated signal system •Potential side street delay due to E-W volumes



Spyglass Falls - Spyglass Hills Access Proposal Alternatives												
	Total Cost	Construction Cost	Preliminary Engineering Cost	Right-of-Way Cost	Inspection Cost	Parcels Impacted	Relocations	Land Required (Acres)	Complexity	Pros	Cons	
Option 1												
Extension of Laurel Falls Lane to Knightsbridge Lane	\$ 494,425.00	\$ 379,500.00	\$ 60,700.00	\$ 1,125.00	\$ 53,100.00	1	0	0.00	2	•Low Impact •Connection made in existing platted right-of-way	•Increased traffic into Spyglass Hills neighborhood •Additional clearing needed for sight distance	
Option 2												
Extension of Laurel Falls Lane to Knightsbridge Lane - One Way	\$ 343,760.00	\$ 264,460.00	\$ 42,300.00	\$ -	\$ 37,000.00	0	0	0.00	2	•Low Impact •Connection made in existing platted right-of-way •Doesn't increase traffic into Spyglass Hills neighborhood	•Doesn't allow access into Spyglass Hills neighborhood	
Option 3												
Signal at Klotz Farm Blvd & 116th Street	\$ 520,000.00	\$ 400,000.00	\$ 64,000.00	\$ -	\$ 56,000.00	0	0	0.00	1	•Slows traffic on 116th St •Safe egress •Corridor consistency	•Increased mainline delay on 116th St •May not meet signal warrants	
Option 4												
Signal at Spyglass Ridge Drive & 116th Street	\$ 525,875.00	\$ 400,000.00	\$ 64,000.00	\$ 5,875.00	\$ 56,000.00	1	0	0.02	1	•Slows traffic on 116th St •Safe egress •Corridor consistency	•Increased mainline delay on 116th St •May not meet signal warrants	
Option 5												
Roundabout at Klotz Farm Blvd & 116th Street	\$ 4,623,350.00	\$ 3,440,100.00	\$ 550,400.00	\$ 151,250.00	\$ 481,600.00	4	0	0.48	3	•Slows traffic on 116th St •Safe egress •Improved landscaping	•Increased traffic impacts on 116th St •Disruption to coordinated signal system •Potential side street delay due to E-W volumes	
Option 6												
Roundabout at Spyglass Ridge Drive & 116th Street	\$ 4,183,100.00	\$ 3,186,450.00	\$ 509,800.00	\$ 40,750.00	\$ 446,100.00	7	0	0.13	3	•Slows traffic on 116th St •Safe egress •Improved landscaping	•Increased traffic impacts on 116th St •Disruption to coordinated signal system •Potential side street delay due to E-W volumes	





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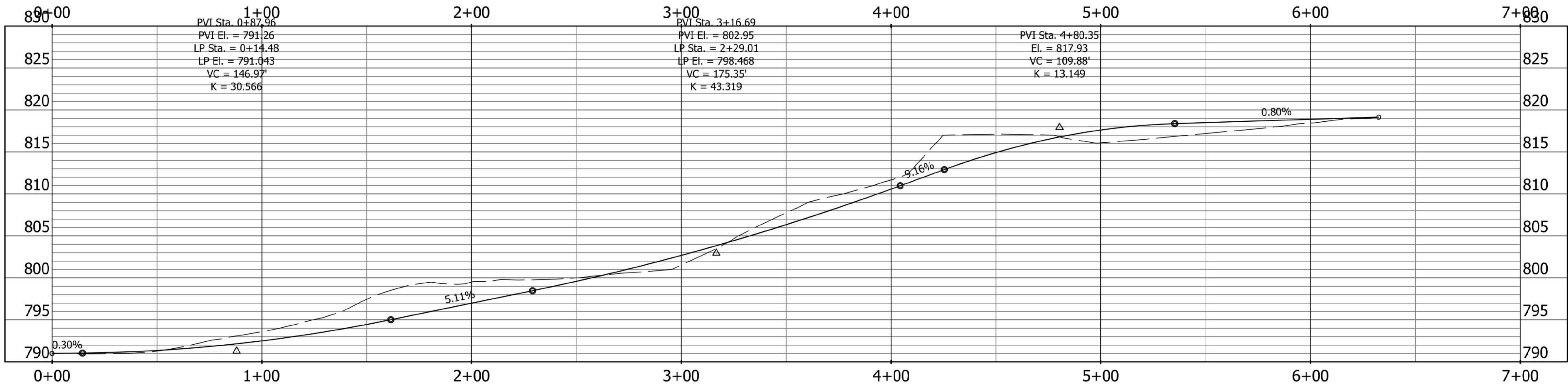
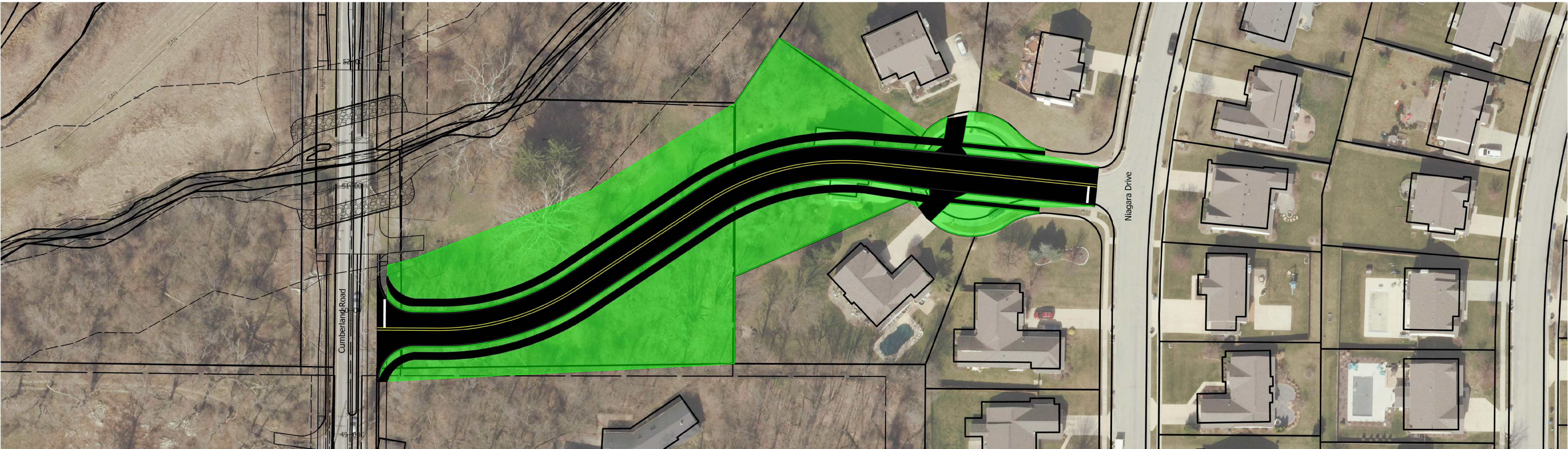
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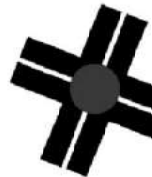
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DESIGN ENGINEER _____ DATE _____	
DESIGNED: _____ MCN	DRAWN: _____ MCN
CHECKED: _____ SAW	CHECKED: _____ SAW

INDIANA DEPARTMENT OF TRANSPORTATION	
OPTION 1 NIAGARA DRIVE TO CUMBERLAND ROAD	

HORIZONTAL SCALE 1" = 20'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION --
SURVEY BOOK	SHEETS
	---- of X
CONTRACT --	PROJECT --

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FOR APPROVAL

DESIGN ENGINEER

DATE

DESIGNED:

BGA

DRAWN:

BGA

CHECKED:

XXX

CHECKED:

XXX

INDIANA

DEPARTMENT OF TRANSPORTATION

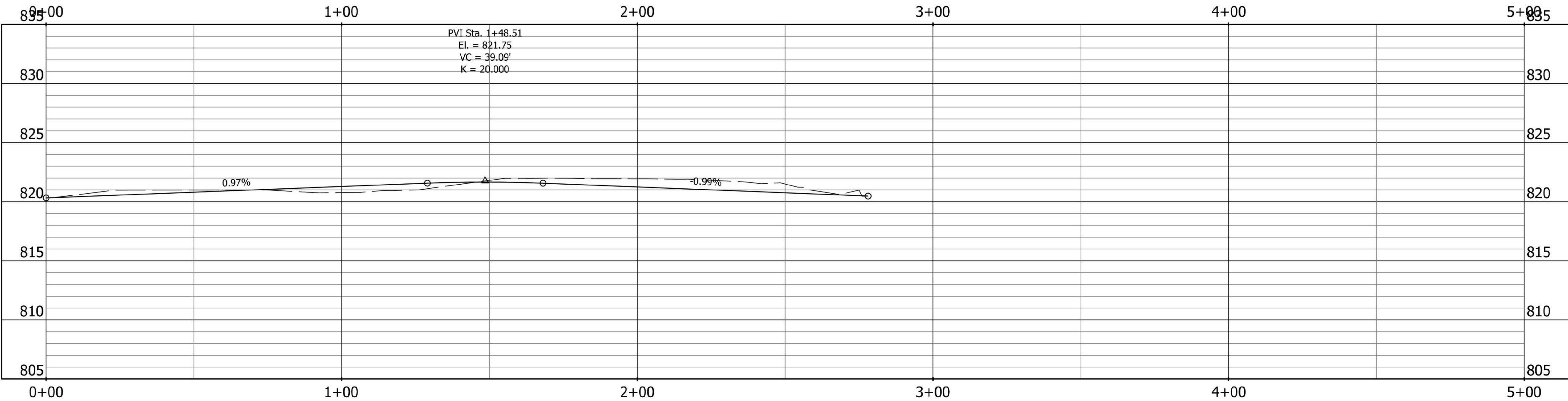
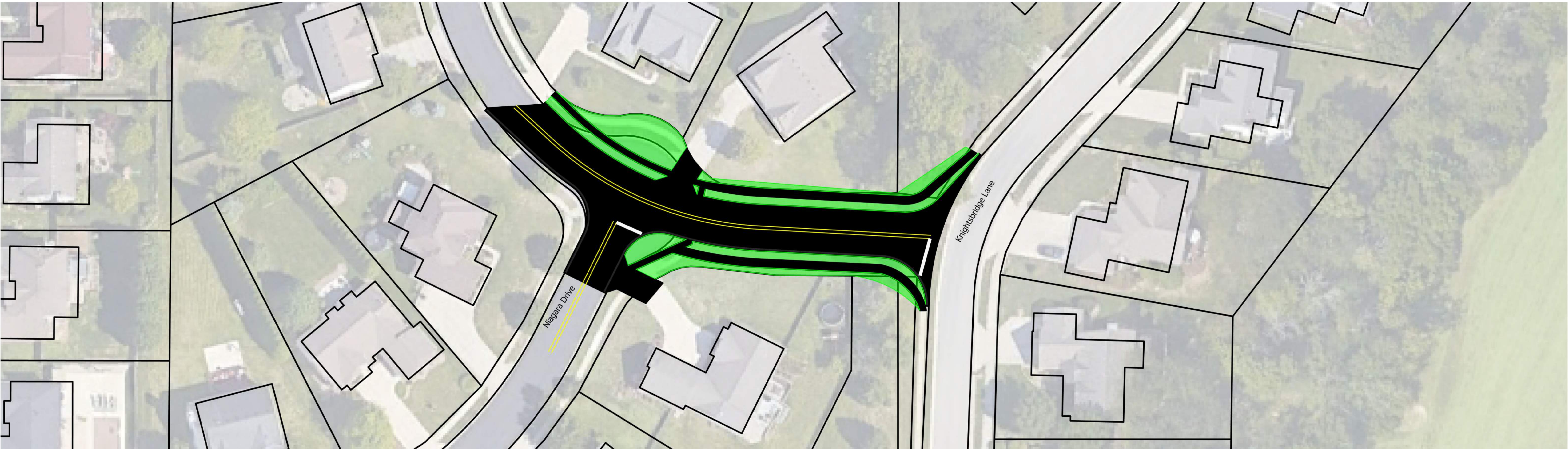
OPTION 2

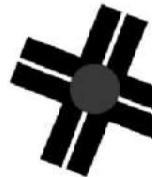
CASCADES COURT TO CUMBERLAND ROAD

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	of X
CONTRACT	PROJECT
--	--

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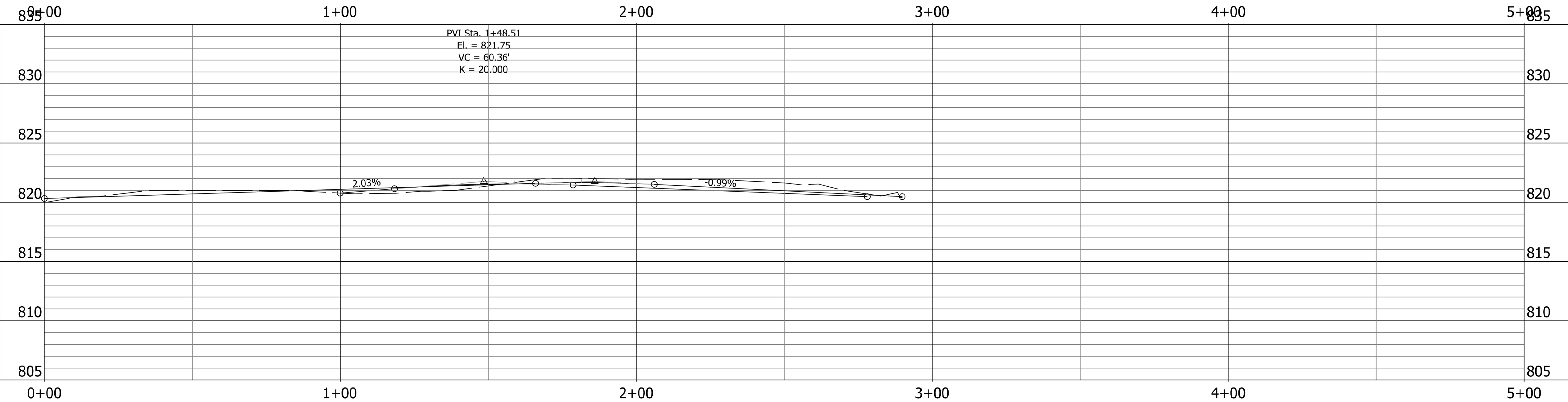
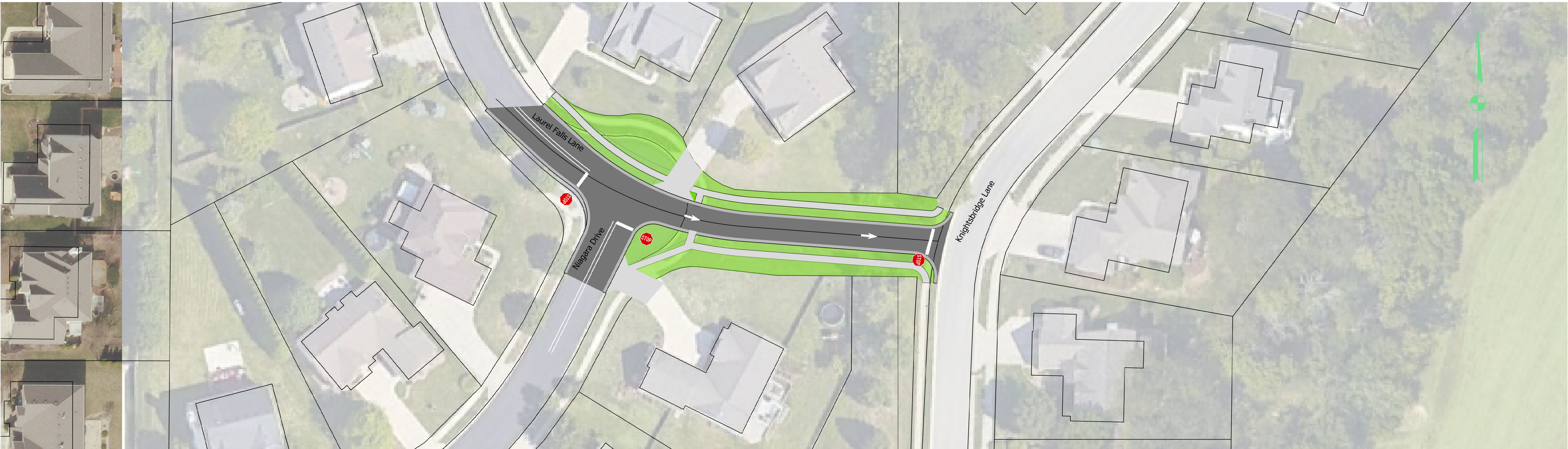
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RECOMMENDED FOR APPROVAL _____	
DESIGN ENGINEER	DATE
DESIGNED: BGA	DRAWN: BGA
CHECKED: XXX	CHECKED: XXX

INDIANA DEPARTMENT OF TRANSPORTATION
OPTION 3 LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE

HORIZONTAL SCALE 1" = 20'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION --
SURVEY BOOK	SHEETS
CONTRACT	---- of X
--	PROJECT
--	--





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DESIGN ENGINEER	DATE
DESIGNED: BGA	DRAWN: BGA
CHECKED: XXX	CHECKED: XXX

INDIANA
DEPARTMENT OF TRANSPORTATION

LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE
ONE WAY

HORIZONTAL SCALE 1" = 20'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION --
SURVEY BOOK	SHEETS ---- of X
CONTRACT --	PROJECT --

Z:\2016\16034P CUMBERLAND ROAD\DWG\FISHERS EXHIBITS\KNIGHTSBRIDGE CONNECTION ONE WAY.DWG Created By: [Initials] Date Created: xx/xx/20xx



→

1-Way, 3-Section (12" Red LED, 12" Amber LED, 12" Green LED) Signal Indication

↔

1-Way, 4-Section (12" Red LED, 12" Amber Arrow LED, 12" Green Arrow LED) Signal Indication

↔↔

1-Way, 5-Section (12" Red LED, 12" Amber LED, 12" Green LED, 12" Amber Arrow LED, 12" Green Arrow LED) Signal Indication

⬆

Controller, 8 Phase, TS2 Type 1, in "P-1" Cabinet on "P-1" Foundation

⬆

Pedestal and Foundation

⬆

Mast Arm Pole And Foundation

⬆

Pedestrian Indication, APS

⬆

Camera With xx' Mast Arm

⬆

Emergency Vehicle Detector, Two Directions

↩

Pavement Message Marking, Epoxy, Lane Indication Arrow

||||

Transverse Marking, Epoxy, Crosswalk Line, White, 24 IN. (with 2 FT. Spacing)

⬆

Pavement Message Marking, Epoxy, Word ONLY

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RECOMMENDED FOR APPROVAL	_____ DESIGN ENGINEER	XX/XX/2023 DATE
DESIGNED:	MIK	DRAWN: MIK
CHECKED:	XXX	CHECKED: XXX

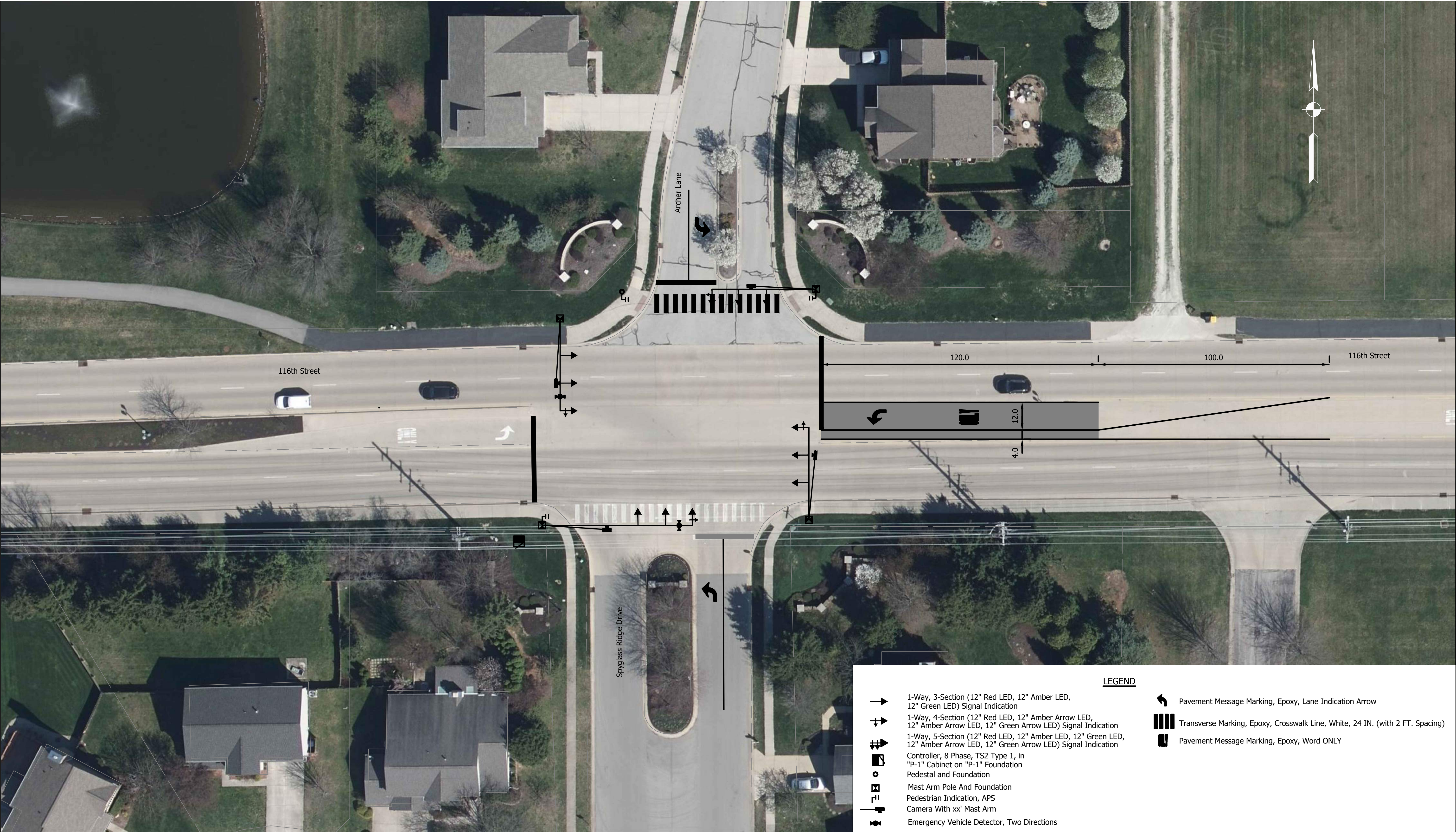
CITY OF FISHERS

OPTION 4
PROPOSED TRAFFIC SIGNAL INSTALLATION
116th St & Klotz Farm Blvd

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
--	--

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Page 680 of 1081



→

1-Way, 3-Section (12" Red LED, 12" Amber LED, 12" Green LED) Signal Indication

→→

1-Way, 4-Section (12" Red LED, 12" Amber Arrow LED, 12" Green Arrow LED) Signal Indication

→→→

1-Way, 5-Section (12" Red LED, 12" Amber LED, 12" Green LED, 12" Amber Arrow LED, 12" Green Arrow LED) Signal Indication

⬮

Controller, 8 Phase, TS2 Type 1, in "P-1" Cabinet on "P-1" Foundation

⬮

Pedestal and Foundation

⬮

Mast Arm Pole And Foundation

⬮

Pedestrian Indication, APS

⬮

Camera With xx' Mast Arm

⬮

Emergency Vehicle Detector, Two Directions

↩

Pavement Message Marking, Epoxy, Lane Indication Arrow

||||

Transverse Marking, Epoxy, Crosswalk Line, White, 24 IN. (with 2 FT. Spacing)

⬮

Pavement Message Marking, Epoxy, Word ONLY

LEGEND

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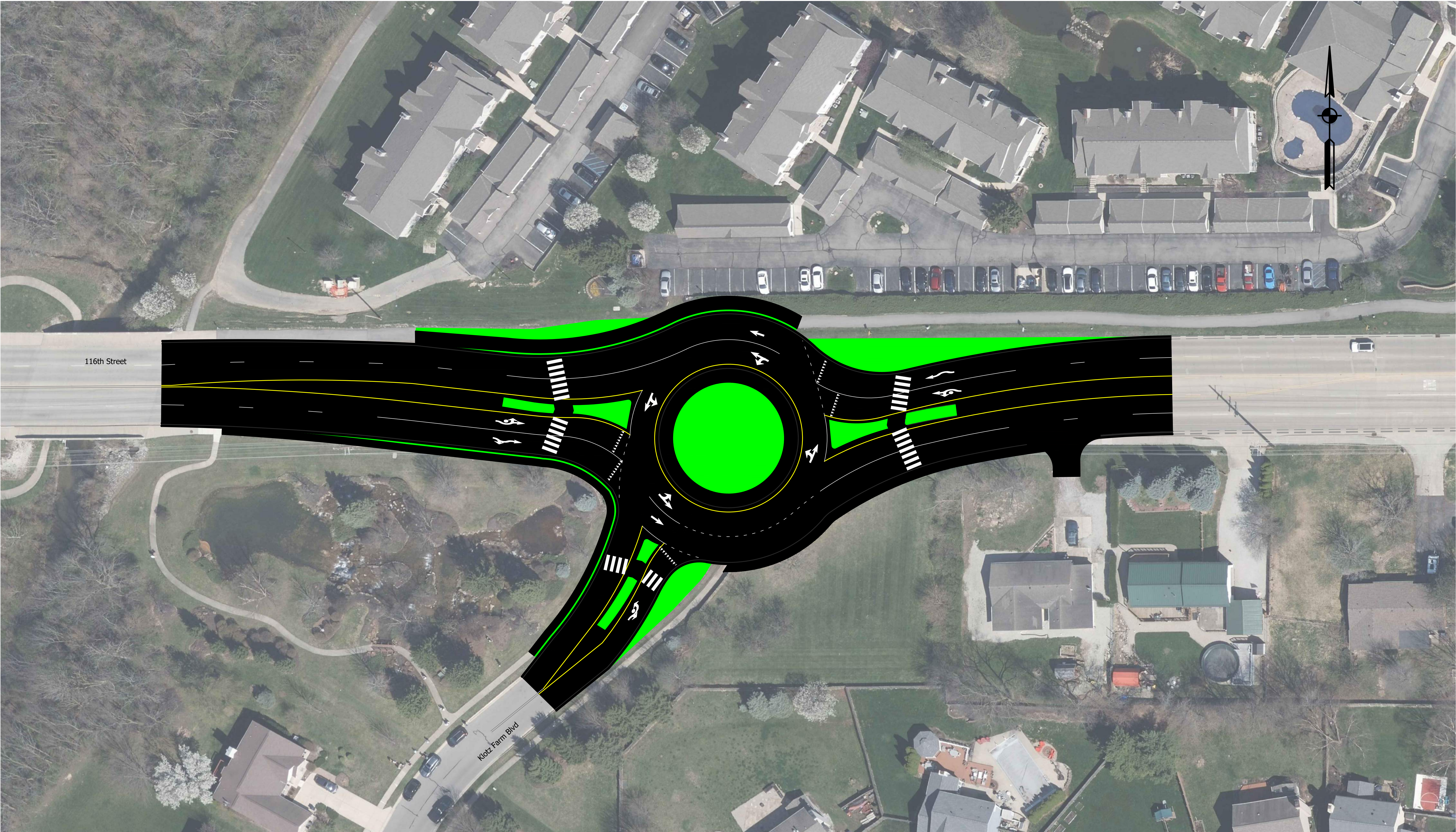
(317) 202-0864

RECOMMENDED FOR APPROVAL _____		XX/XX/2023	
DESIGNED: MIK		DRAWN: MIK	
CHECKED: XXX		CHECKED: XXX	

CITY OF FISHERS	
OPTION 5 PROPOSED TRAFFIC SIGNAL INSTALLATION 116th St & Spyglass Ridge Dr/Archer Ln	

HORIZONTAL SCALE 1" = 20'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION --
SURVEY BOOK	SHEETS ---- of X
CONTRACT --	PROJECT --

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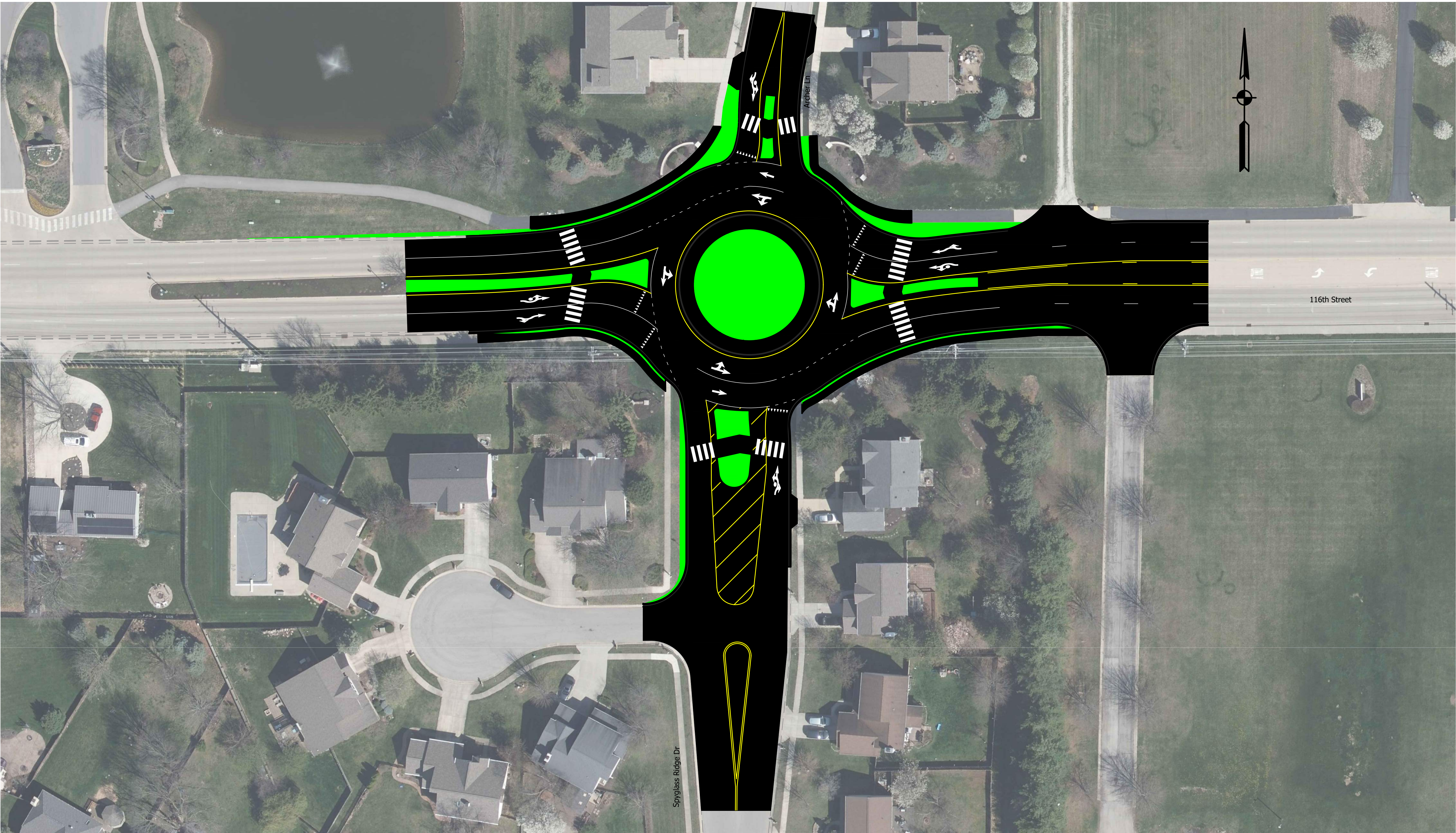
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RECOMMENDED FOR APPROVAL _____	
DESIGN ENGINEER	DATE
DESIGNED: BGA	DRAWN: MIK
CHECKED: XXX	CHECKED: XXX

CITY OF FISHERS
OPTION 6 ROUNDAABOUT 116th St & Klotz Farm Blvd

HORIZONTAL SCALE 1"=30'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION ---
SURVEY BOOK	SHEETS ---- of X
CONTRACT --	PROJECT --

Z:\2016\16034P CUMBERLAND ROAD\DWG\FISHERS EXHIBITS\16034P-EXHIBIT- ROUNDABOUTS- MEDIAN.DWG



Z:\2016\16034P CUMBERLAND ROAD\DWG\FISHERS EXHIBIT\16034P-EXHIBIT- ROUNDABOUTS- MEDIAN.DWG



A&F ENGINEERING

Transportation & Site Engineering

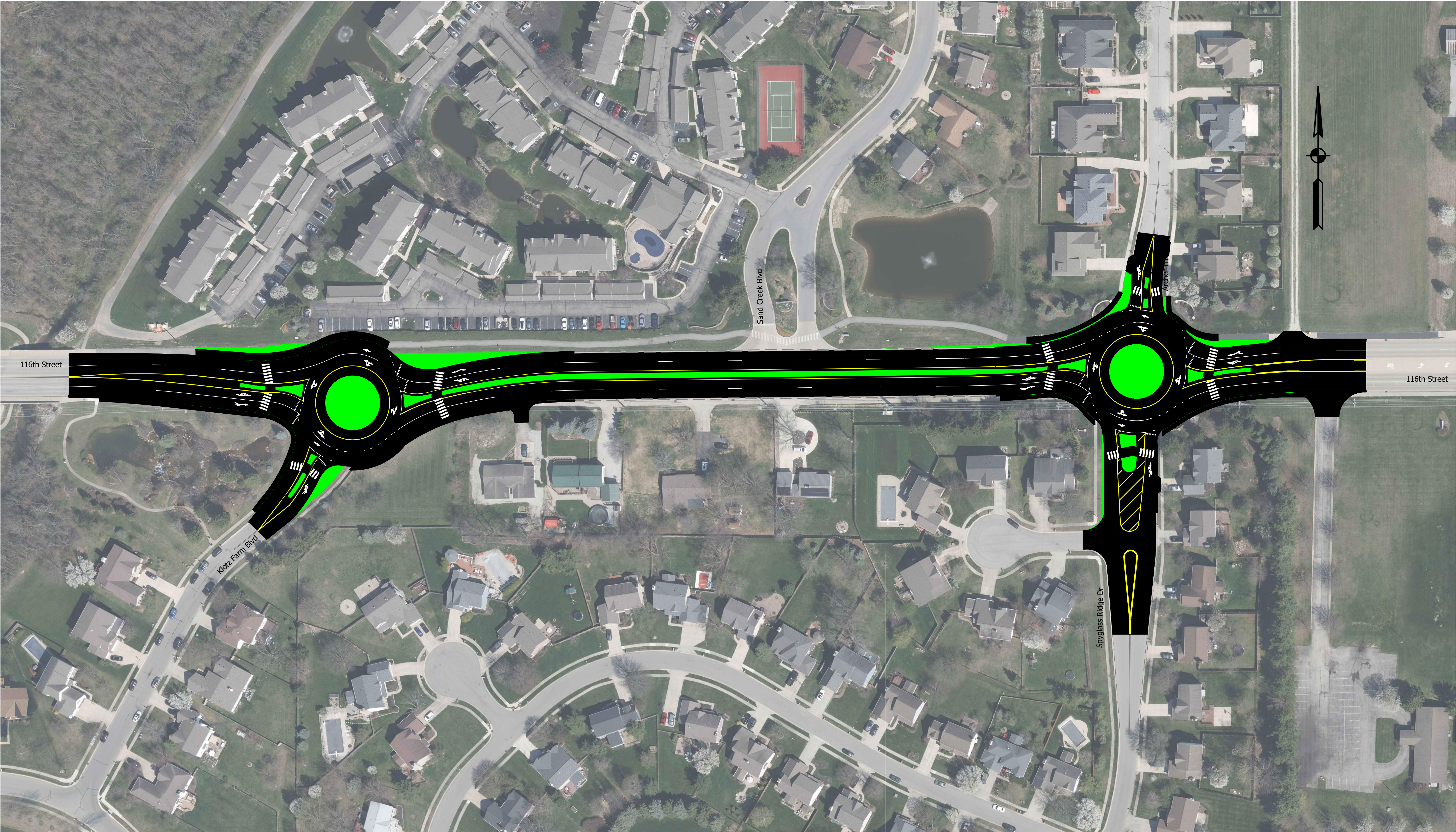
Creating Order Since 1966

8365 Keystone Crossing, Suite 201, Indianapolis, IN. 46240 (317) 202-0864

RECOMMENDED FOR APPROVAL _____	
DESIGNED: BGA	DRAWN: MIK
CHECKED: XXX	CHECKED: XXX

CITY OF FISHERS
OPTION 7 ROUNDABOUT 116th St & Spyglass Ridge Dr/Archer Ln

HORIZONTAL SCALE 1"=30'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION ---
SURVEY BOOK	SHEETS ---- of X
CONTRACT --	PROJECT --





A&F ENGINEERING

Transportation & Site Engineering

Creating Order Since 1966

8365 Keystone Crossing, Suite 201, Indianapolis, IN. 46240 (317) 202-0864

RECOMMENDED FOR APPROVAL _____	
DESIGN ENGINEER	DATE
DESIGNED: BGA	DRAWN: MIK
CHECKED: XXX	CHECKED: XXX

CITY OF FISHERS
116th St ROUNDABOUT

HORIZONTAL SCALE	BRIDGE FILE
1"=60'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
--	--

Z:\2016\16034P CUMBERLAND ROAD\DWG\FISHERS EXHIBITS\16034P-EXHIBIT- ROUNDABOUTS- MEDIAN.DWG



Appendix I – Crash Reports along 116th Street

Cumberland
Rd.

Hoosier Rd.

Brooks
School Rd.

Olio Road





INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902554803

Local ID

Page 1 of 5

201544860

Date of Crash 11/05/2015	Day of Week Thu	Actual Local Time 7:00 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 3	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange TAMARISK DR		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		Driver #2		Driver #3 SLOUGH, MARLA, L		Driver #4			
Driver Contributing Circumstances					Vehicle Contributing Circumstances				
Primary Cause					Primary Cause				
Vehicle 1					Vehicle 1				
Vehicle 2					Vehicle 2				
Vehicle 3					Vehicle 3				
Vehicle 4					Vehicle 4				
☐ Alcoholic Beverages					☐ Engine Failure or Defective				
☐ Illegal Drugs					☐ Accelerator Failure or Defective				
☐ Prescription Drugs					☐ Brake Failure or Defective				
☐ Driver Asleep or Fatigued					☐ Tire Failure or Defective				
☐ Driver Illness					☐ Headlight(s) Defective or Not On				
☐ Unsafe Speed					☐ Other Lights Defective				
☒ Failure to Yield					☐ Steering Failure				
☐ Disregard Signal					☐ Window/Windshield Defective				
☐ Left of Center					☐ Oversize/Overweight Load				
☐ Improper Passing					☐ Insecure/Leaky Load				
☐ Improper Turning					☐ Tow Hitch Failure				
☐ Improper Lane Usage					☐ Other				
☐ Following Too Closely					☒ None				
☐ Unsafe Backing					Environment Contributing Circumstances				
☐ Overcorrecting					☐ Glare				
☐ Ran off Road					☐ Roadway Surface				
☐ Wrong Way on One Way					☐ Holes/Ruts in Surface				
☐ Pedestrian's Action					☐ Shoulder Defective				
☐ Passenger Distraction					☐ Road Under Construction				
☐ Restriction Violation					☐ Severe Crosswinds				
☐ Jackknifing					☐ Obstruction Not Marked				
☐ Cell Phone Usage					☐ Lane Marking Obscured				
☐ Other Telematics					☐ View Obstructed				
☐ Driver Distracted					☐ Animal/Object in Roadway				
☐ Speed/Weather Conditions					☐ Traffic Ctl Inop/Missing/Obscure				
☐ Unsafe Lane Movement					☐ Utility Work				
☐ Other					☐ Other				
☒ None					☒ None				
Total Estimate of all damage in the Crash: \$2501 TO \$5000					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 CURBED				
					Type of Roadway Junction NO JUNCTION INVOLVED				
					Road Character STRAIGHT/LEVEL				
					Roadway Surface CONCRETE				
					Construction NO If Yes, Construction Type				
					Traffic Control Devices LANE CONTROL				
					Traffic Control Device Operational? NA				
					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				
☐ Witness # Name					(Last Name, First Name, MI)				
☐ Other Participant									
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name					Cited?		Direction		
☐ Other Participant									
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID

201544860

**Type of
Crash**

REAR END

Time Notified 7:00 AM	Time Arrived 7:30 AM	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 11/05/2015	
Investigating Officer RALPH, S		ID No. 3059	Agency FISHERS PD	Reviewing Officer	

Narrative

D2 stated he was changing lanes from the outside lane to the inside with his turn signal on. D2 stated he started changing lanes and saw V1 driving at what he believed to be a high rate of speed. V1 hit V2 from behind.

D1 stated that she saw V2 with its turn signal on and saw it changing lanes but could not stop in time to avoid collision. D1 stated that her vehicle would not slow down.

At the time of the crash, there was nothing available to determine how fast V1 was traveling.

V3 made contact with officers at the scene of the crash and determined there was no damage to her vehicle. Upon later inspection, V3 suffered rear end damage from V1 after it collided with V2.

UNIT INFORMATION

902554803

Page 3 of 5

Local ID
201544860

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 11/02/1991		Age 24		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 1		Color SILVER		Vehicle Year 2009		Make MAZDA		Model MAZDA CX-7		Style UT		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
# Occupants 1		Lic Year 2016		License # [REDACTED]		License State IN						Front ☐ Rear ☐			
# Axles 2		Speed Limit 40		Insured By STATE FARM INSURANCE		Phone Number 3172882944						Front ☐ Rear ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☒ Rear ☐			
FISHERS IN 46038				Vehicle Use PERSONAL (FARM, COMPANY)				Emergency Run? NO				Fire? NO			
Towed? To YES By GARNERS TOWING		Due to Disabling Damage YES		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver							
License #				Address (Street, City, State, Zip)				Vehicle Type SPORT UTILITY VEHICLE							
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ 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 ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type													
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #									

UNIT INFORMATION

902554803

Page 4 of 5

Local ID
201544860

Driver's Name (Last, First, MI) 2 [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
FISHERS IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/03/1981	Age 54	Gender MALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending		Nature of Most Severe Injury	
Veh# 2		Color YELLOW	Vehicle Year 2002
Make JEEP		Model WRANGLER	Style UT
# Occupants 1		Lic Year 2016	License # [REDACTED]
License State IN		Phone Number 3173861370	
# Axles 2		Speed Limit 40	Insured By ALL STATE INSURANCE
Vehicle Identification # [REDACTED]			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver			
Address (Street, City, State, Zip) [REDACTED]			
FISHERS IN 46038			
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES	
Lic State [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]	
Veh Year [REDACTED]		Make [REDACTED]	
Lic State [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]	
Veh Year [REDACTED]		Make [REDACTED]	
Commercial Vehicle: Carrier's Name and Address [REDACTED]			
HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]	
US DOT# [REDACTED]	ICC# [REDACTED]	CMV Inspection [REDACTED]	If Yes [REDACTED]
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]	
HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]	
HAZMAT 4-Digit ID# [REDACTED]		Hazard Class # [REDACTED]	
Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Vehicle Use PERSONAL (FARM, COMPANY)			
Emergency Run? [REDACTED]		Fire? NO	
Vehicle Type SPORT UTILITY VEHICLE			
Pre-Crash Vehicle Action LEAVING TRAFFIC LANE			
Direction of Travel WEST			
Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Event Collision With 1. ANOTHER MOTOR VEHICLE			

UNIT INFORMATION

902554803

Page 5 of 5

Local ID
201544860

Driver's Name (Last, First, MI) 3 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 10/14/1980		Age 55		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 3		Color WHITE		Vehicle Year 2010		Make SUBARU		Model OUTBACK		Style 4W	
# Occupants 1		Lic Year 2015		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 40		Insured By GEICO INSURANCE		Phone Number UNK		Front ☐ ☐ ☒ Rear ☐ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46038				Front ☐ ☐ ☒ Rear ☐ ☐ ☐			
Towed? To NO By				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Emergency Run? Fire? NO			
License#				Address (Street, City, State, Zip) [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Pre-Crash Vehicle Action GOING STRAIGHT			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Direction of Travel WEST			
License#		Address (Street, City, State, Zip) [REDACTED]				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp					
Veh Year		Make		Commercial Vehicle: Carrier's Name and Address				Event Collision With 1. ANOTHER MOTOR VEHICLE			
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 #					

State Id
904553107

Local Id
2024-36973

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]					
Crash Details	Location E. 116TH ST at intersection of TAMARISK BLVD			County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 08/07/2024	Day of Week Wednesday	Crash Time 17:55 PM	Date of Report 08/08/2024	Latitude 39.95760539	Longitude -85.95159777
	Weather Condition CLEAR	Light Condition DAYLIGHT		Locality URBAN	Inside Corporate Limits? YES	☐ School Zone
	Roadway Surface ASPHALT	Surface Condition DRY		Roadway Classification LOCAL/CITY ROAD		☐ Train or Rail Equipment
	☐ Construction Zone	Construction Type		Roadway Junction FOUR-WAY INTERSECTION	Railroad Crossing #	☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 1800	Time Arrived 1814	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO	
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed
	Investigative Officer KHAN, QAIUMUZZAMAN		Agency FISHERS PD	ID Number 3238		
	Reviewing Officer KHAN, QAIUMUZZAMAN		FISHERS PD	3238		
	Assisting Officer					
	Assisting Officer					
	Reconstruction Officer					
Narrative	The following was written by KHAN, QAIUMUZZAMAN					
	The crash occurred at the intersection of E. 116th St. and Tamarisk Blvd. The east/west traffic on E. 116th St flows freely and has the right of way. The outbound (south) traffic on Tamarisk Blvd has an erected stop sign. Driver 1 stated he was driving V1 south on Tamarisk Blvd. When driver 1 came to the intersection of E. 116th St., he stopped at the stop sign. Driver 1 stated he checked both left and right for cross traffic and did not see any. As driver 1 began proceeding through the intersection, V2 arrived at the location at the same time. V1's front end struck V2 in the passenger side. Driver 2 stated she was driving V2 west on E. 116th St. Driver 2 was in the right lane (close to the curb). When Driver 2 arrived at the intersection of Tamarisk Blvd, V1 came from the north and struck V2. No injury was reported during the investigation. No vehicle was towed.					

State Id
904553107

Local Id
2024-36973

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
Driver's License Number		Lic Type	Lic State	CDL Class
Apparent Physical Status		Restrictions		
Test Given		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
If Cited		IC Codes		
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	WHITE	2021	3	12
Make		Model		
CHEVROLET		SILVERADO		
Style		PICK-UP (TRUCKS)		
Insured By		ERIE		
Policy #		Ins Phone #		
VIN				
Plate Number	Plate Exp Year	Plate State		
	2024	INDIANA		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By		City Towed To		Fire?
				NO
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	TWO LANES (TWO WAY)	CURVE/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
SOUTH	SLOWING OR STOPPED IN TRAFFIC	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
25	STOP SIGN			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
Driver's License Number		Lic Type	Lic State	CDL Class
Apparent Physical Status		Restrictions		
Test Given		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
If Cited		IC Codes		
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	GRAY	2022	2	3
Make		Model		
HONDA		CIVIC		
Style		4-DOOR		
Insured By		STATE FARM		
Policy #		Ins Phone #		
VIN				
Plate Number	Plate Exp Year	Plate State		
	2024	INDIANA		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By		City Towed To		Fire?
				NO
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI-LANE W/CURB RAISED MEDIAN	STRAIGHT/GRADE		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40	LANE CONTROL			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904553107

Local Id
2024-36973

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make
Property Damage	State Property	Description	Owner's Name and Address					
Factors	Unit 1 :							
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)							
Factors	Unit 2 :							
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)							

State Id
904553107

Local Id
2024-36973

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

Indiana Officer's Standard Crash Report

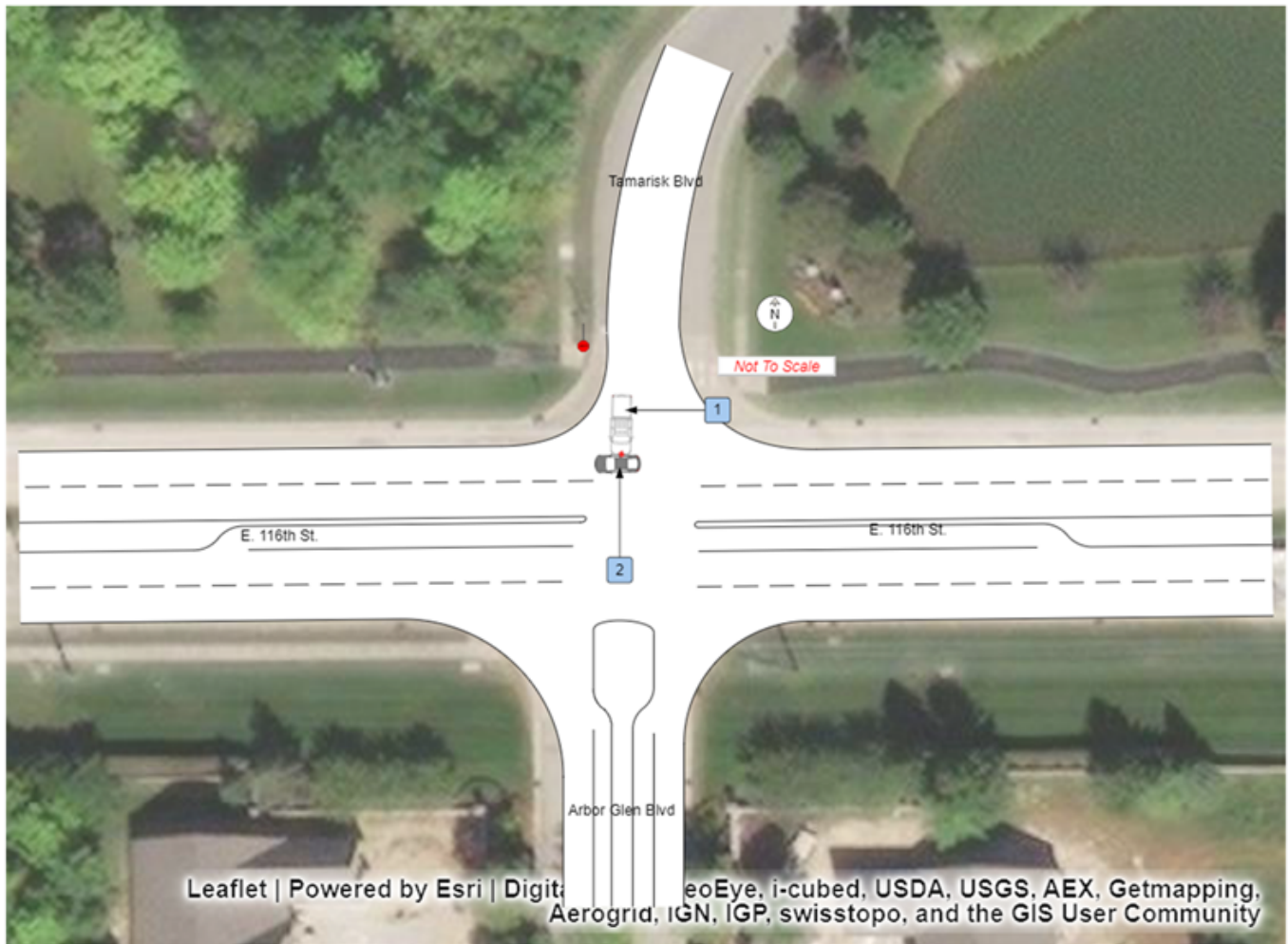
Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903848784

Local ID

Page 1 of 4

202128587

Date of Crash 08/04/2021	Day of Week Wed	Actual Local Time 6:15 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange TAMARISK BLVD		If not an intersection, number of feet from 500	Direction E	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None									

Local ID

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**Type of
Crash**

LEFT TURN

Time Notified 4:19 PM	Time Arrived 4:20 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 08/04/2021	
Investigating Officer ARNO, M		ID No. 3196	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was eastbound on E 116th Street when she attempted to turn into the parking lot at 12240 E 116th Street. D1 stated she did not see D2 and collided with her in the westbound lanes.

D2 stated she was westbound on E 116th Street when D1 crossed into her lane and they collided.

Upon request for D1's license, she stated it was suspended. D1 was issued a citation for Driving While Suspended.

UNIT INFORMATION

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Local ID
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Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used UNKNOWN															
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? N/A															
INDIANAPOLIS IN 46226				Ejection/Trapped NOT EJECTED OR TRAPPED															
Date of Birth 04/08/1997		Age 24		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status									
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury									
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury											
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☒ Infraction ☐ Misdemeanor ☐ Felony				IC Codes 9-24-19-1							
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results											
Veh# 1		Color BLACK		Vehicle Year 2018		Make NISSAN		Model ALTIMA		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☐		Rear ☒ ☐ ☐ ☐			
# Occupants 1		Lic Year 2021		License # [REDACTED]		License State IN		# Axles 2		Speed Limit 40		Insured By BRISTOL WEST INSURANCE		Phone Number 3173771100					
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Address (Street, City, State, Zip) 4918 E 41ST STREET				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☐ ☐ ☐ ☐		Rear ☒ ☐ ☐ ☐	
INDIANAPOLIS IN 46226				Towed? To NO By				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Emergency Run?		Fire?		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) [REDACTED] ☐ Same as Driver		Pre-Crash Vehicle Action TURNING LEFT									
License#				Address (Street, City, State, Zip)				Direction of Travel NORTH											
Veh Year		Make		Commercial Vehicle: Carrier's Name and Address		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier		☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #									

UNIT INFORMATION

903848784

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Local ID
202128587

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used UNKNOWN									
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? N/A									
INDIANAPOLIS IN 46236				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 05/17/2001		Age 20		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color BLACK		Vehicle Year 2015		Make HYUNDAI		Model SONATA		Style 4D			
# Occupants 1		Lic Year 2022		License # [REDACTED]		License State IN							
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 3178191800							
Vehicle Identification# [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver									
Address (Street, City, State, Zip) [REDACTED]				INDIANAPOLIS IN 46236									
Towed? To NO By				Due to Disabling Damage				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
License#				Address (Street, City, State, Zip)				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
Veh Year				Make				Vehicle Use PERSONAL (FARM, COMPANY)					
Lic State				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Emergency Run? Fire? NO					
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON					
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT					
Lic State				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Direction of Travel WEST					
License#				Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp					
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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 #					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901526446

Local ID

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201037086

Date of Crash 11/03/2010	Day of Week Wed	Actual Local Time 11:43 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																																																																								
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Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather Conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Lane Movement</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances					Alcoholic Beverages					Illegal Drugs					Prescription Drugs					Driver Asleep or Fatigued					Driver Illness					Unsafe Speed					Failure to Yield					Disregard Signal					Left of Center					Improper Passing					Improper Turning					Improper Lane Usage					Following Too Closely					Unsafe Backing					Overcorrecting					Ran off Road					Wrong Way on One Way					Pedestrian's Action					Passenger Distraction					Restriction Violation					Jackknifing					Cell Phone Usage					Other Telematics					Driver Distracted					Speed/Weather Conditions					Unsafe Lane Movement					Other					None					<table border="1"><thead><tr><th>Primary 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Surface</td><td></td><td></td><td></td><td></td></tr><tr><td>Shoulder Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Road Under Construction</td><td></td><td></td><td></td><td></td></tr><tr><td>Severe Crosswinds</td><td></td><td></td><td></td><td></td></tr><tr><td>Obstruction Not Marked</td><td></td><td></td><td></td><td></td></tr><tr><td>Lane Marking Obscured</td><td></td><td></td><td></td><td></td></tr><tr><td>View Obstructed</td><td></td><td></td><td></td><td></td></tr><tr><td>Animal/Object in Roadway</td><td></td><td></td><td></td><td></td></tr><tr><td>Traffic Ctl Inop/Missing/Obscure</td><td></td><td></td><td></td><td></td></tr><tr><td>Utility Work</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Environment Contributing Circumstances	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Glare					Roadway Surface					Holes/Ruts in 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Devices</td><td>STOP SIGN</td></tr><tr><td>Traffic Control Device Operational?</td><td>NA</td></tr><tr><td>Was this crash the result of aggressive driving?</td><td>NO</td></tr></tbody></table>					Area Information		Hit and Run	NO	School Zone	NO	Rumble Strips	NO	Locality	URBAN	Light Condition	DAYLIGHT	Weather Conditions	CLEAR	Surface Condition	DRY	Type of Median	CURBED	Type of Roadway Junction	FOUR-WAY INTERSECTION	Road Character	STRAIGHT/LEVEL	Roadway Surface	ASPHALT	Construction	If Yes, Construction Type	NO		Traffic Control Devices	STOP SIGN	Traffic Control Device Operational?	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Local ID
201037086

Type of Crash

RIGHT ANGLE

Time Notified 11:45 AM	Time Arrived 12:03 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 11/03/2010	
Investigating Officer MURRAY, R		ID No. 3125	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that she was driving Westbound on 116th st approaching Tamarisk Blvd when V2 attempted to turn left from Tamarisk Blvd onto Eastbound 116th st directly in front of her, causing her to strike it. D1 told me that she attempted to swerve to the right to avoid V2, but still hit the back left corner of it with the front right corner of her car.

D2 told me that he was trying to turn left onto Eastbound 116th St from Southbound Tamarisk Blvd and did not see any vehicles other than a van that was turning Northbound onto Tamarisk Blvd from Westbound 116th St. D2 told me that when he was in the intersection he was struck by V1.

No injuries were reported on scene.

V1 was towed from the scene by Boggs Towing.

V2 was towed from the scene by Millers.

UNIT INFORMATION

901526446

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1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 02/27/1975		Age 35		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Certified Test ☐ Pending		Drug Results		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Veh# 1		Color RED		Vehicle Year 2005		Make HYUNDAI		Model ELANTRA		Style 4D	
# Occupants 1		Lic Year 2011		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 255-6171		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46038				Emergency Run? Fire? NO			
Towed? To YES By BOGGS		Due to Disabling Damage		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) [REDACTED] ☐ Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT	
License #		Address (Street, City, State, Zip)		Veh Year		Make		Direction of Travel WEST		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
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 #	
Event Collision With 1. ANOTHER MOTOR VEHICLE		Type of Primary/Secondary Roadway Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)		Private Drive ☐ Alley							

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201037086

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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902538182

Local ID

Page

1

of

4

201540863

Date of Crash 10/08/2015	Day of Week Thu	Actual Local Time 2:50 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																													
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange SPYGLASS RDG		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?		Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																													
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Local ID

201540863

**Type of
Crash**

LEFT TURN

Time Notified 2:58 PM	Time Arrived 3:00 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 10/08/2015	
Investigating Officer THOMPSON, R		ID No. 3069	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was attempting to pull out onto 116th Street from Spyglass Ridge. D1 stated she didn't see V2 as it was traveling east bound on 116th Street. D1 stated as she pulled forward her vehicle struck V2.

D2 stated she was east bound on 116th Street. D2 stated V1 pulled out in front of her. D2 stated her vehicle was stuck and began to spin.

V2 came to rest on the median backwards.

UNIT INFORMATION

902538182

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Local ID
201540863

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS																	
		Address (Street, City, State, Zip)		Safety Equipment Effective? YES																	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED																	
Date of Birth 10/09/1952	Age 62	Gender FEMALE	EMS No. Inmed Attn Driver Injury Status																		
Driver's License #		Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury																
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment			Location of Most Severe Injury																
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony																
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results																	
Veh# 1	Color WHITE	Vehicle Year 2007	Make TOYOTA	Model HIGHLANDER	Style 4D																
# Occupants 1	Lic Year 2016	License #		License State IN																	
# Axles 2	Speed Limit 40	Insured By TRAVLERS		Phone Number 8008425072																	
Vehicle Identification #		Initial Impact Area																			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver																			
Address (Street, City, State, Zip)		Areas Damaged (Multiples)																			
FISHERS IN 46037		<table border="0"> <tr> <td>☐ Undercarriage</td> <td>☒</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ Trailer</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ None</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>☐ Unknown</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </table>				☐ Undercarriage	☒	☐	☐	☐ Trailer	☐	☐	☐	☐ None	☐	☐	☐	☐ Unknown	☐	☐	☐
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☐ None	☐	☐	☐																		
☐ Unknown	☐	☐	☐																		
Towed? To NO By		Due to Disabling Damage		Vehicle Use																	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		PERSONAL (FARM, COMPANY)																	
License#		Address (Street, City, State, Zip)		Emergency Run? Fire? NO																	
Veh Year	Make	Registered Owner's Name (Last, First, MI)		Vehicle Type																	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		SPORT UTILITY VEHICLE																	
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action																	
Veh Year	Make	Commercial Vehicle: Carrier's Name and Address		TURNING LEFT																	
HAZMAT Proper Shipping Name:		State DOT#		Direction of Travel																	
US DOT#	ICC#	CMV Inspection	If Yes	NORTHWEST																	
Gross Vehicle Weight Rating		Cargo Body Type		Type of Primary/Secondary Roadway																	
HAZMAT Placard		HAZMAT Release of Cargo		☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☒ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp																	
HAZMAT 4-Digit ID#		Hazard Class #		Event Collision With 1. ANOTHER MOTOR VEHICLE																	

UNIT INFORMATION

902538182

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Local ID
201540863

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 02/25/1994		Age 21		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 2		Color BLACK		Vehicle Year 2008		Make HYUNDAI		Model ELANTRA		Style 4D	
# Occupants 1		Lic Year 2016		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 40		Insured By SAFECO		Phone Number 8004956578		Front ☐ ☒ ☐ ☐ Rear ☐ ☐ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To BOGGS TOWING YES By BOGGS TOWING				Due to Disabling Damage YES				Emergency Run? Fire? NO			
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year Make				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Pre-Crash Vehicle Action LEAVING TRAFFIC LANE			
License#				Address (Street, City, State, Zip)				Direction of Travel EAST			
Veh Year Make				Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway ☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☒ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ 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		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903395854

Page 1 of 4

Local ID

201924059

Date of Crash 06/21/2019	Day of Week Fri	Actual Local Time 6:42 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																													
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Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																														
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Local ID

201924059

**Type of
Crash**

RIGHT ANGLE

Time Notified 6:42 PM	Time Arrived 6:42 PM	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 06/21/2019	
Investigating Officer SIMMONDS, M		ID No. 3030	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 advised he was w/b 116th Street in the turn lane to go south onto Spyglass Ridge Drive. D1 advised he saw V2 coming at him e/b with a left turn signal. D1 advised he thought V2 was making a turn north onto Archer Lane. D1 proceeded to turn left in front of V2 resulting in a right angle accident.

D2 advised he had just exited his neighborhood to the west onto 116th Street and as he approached Spyglass Ridge Drive he lane changed from the right to inner most inside straight lane with a turn signal. At that time V1 pulled in front of his vehicle making a turn south. D2 advised he tried to brake hard and avoid impact but could not.

D2 was treated at scene by medics and released with complaint of pain to chest, hand, and head. I was contacted later by D2's family who advised he went to the hospital due to his head injury and him not responding in conversation as normal. I was informed he was diagnosed with a head concussion and had minor swelling and soreness to hand and chest.

UNIT INFORMATION

903395854

Page 3 of 4

Local ID
201924059

1 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip)				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 04/25/2001		Age 18		Gender MALE		EMS No. 96		Immed Attn NO		Driver Injury Status	
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color GRAY		Vehicle Year 2016		Make NISSAN		Model ALTIMA		Style 4D	
# Occupants 2		Lic Year 2019		License #		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☐ Rear ☐ ☐ ☐ ☒	
# Axles 2		Speed Limit 40		Insured By UNITED SERVICES AUTOMOBILE ASS		Phone Number 2105318722		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☒ ☒ Rear ☐ ☐ ☒	
Vehicle Identification#				Registered Owner's Name (Last, First, MI)				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip)				Emergency Run?				Fire? NO			
FISHERS IN 46037				Vehicle Type PASSENGER CAR/STATION WAGON				Pre-Crash Vehicle Action TURNING LEFT			
Towed? To NO By		Due to Disabling Damage		Direction of Travel SOUTH				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
License#		Address (Street, City, State, Zip)		Event Collision With 1. ANOTHER MOTOR VEHICLE 2. OTHER POST/POLE OR SUPPORT							
Veh Year		Make									
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver					
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 #					

UNIT INFORMATION

903395854

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Local ID
201924059

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED (NO RESTRAINT)			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 05/04/1996		Age 23		Gender MALE		EMS No. 96	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Nature of Most Severe Injury COMPLAINT OF PAIN				Driver Injury Status NON-INCAPACITATING - TREATED AT			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment			
Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO ☒ None				Location of Most Severe Injury HEAD			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT				Certified Test ☐ Pending			
Drug Results				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Veh# 2 Color RED Vehicle Year 2018 Make Ford Model MUSTANG Style 2D # Occupants 1 Lic Year 2019 License # [REDACTED] License State IN # Axles 2 Speed Limit 40 Insured By PROGRESSIVE INS Phone Number 8772467814				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Vehicle Identification # [REDACTED] Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver Address (Street, City, State, Zip) [REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FISHERS IN 46037				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To MILLERS TOWING Due to Disabling Damage YES YES By MILLERS TOWING				Emergency Run? Fire? NO			
License# [REDACTED] Address (Street, City, State, Zip) [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year [REDACTED] Make [REDACTED]				Pre-Crash Vehicle Action GOING STRAIGHT			
License# [REDACTED] Address (Street, City, State, Zip) [REDACTED]				Direction of Travel EAST			
Veh Year [REDACTED] Make [REDACTED]				Type of Primary/Secondary Roadway ☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp			
Commercial Vehicle: Carrier's Name and Address [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE			
HAZMAT Proper Shipping Name: [REDACTED] State DOT# [REDACTED]				HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazzard Class #			
US DOT# [REDACTED] ICC# [REDACTED] CMV Inspection [REDACTED] If Yes [REDACTED]				Gross Vehicle Weight Rating [REDACTED] Cargo Body Type [REDACTED]			

State Id
903958945

Local Id
2022-2356

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 2 Fatalities 0

Page 1 of 4

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FISHERS PD, ORI 0290700

Drivers					
Crash Details	Location E 116TH ST at intersection of SPYGLASS RIDGE DR		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 01/14/2022	Day of Week Friday	Crash Time 06:21	Date of Report 01/14/2022	Latitude 39.95710512
	Weather Condition CLEAR		Light Condition DARK (NOT LIGHTED)	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction FOUR-WAY INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment
					☐ Rumble Strips
Investigative Information	Time Notified 0624	Time Arrived 0626	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash: \$10001 TO \$25000
	Investigative Officer DRUELINGER, WAYNE	Agency FISHERS PD	ID Number 3065		
	Reviewing Officer DRUELINGER, WAYNE	Agency FISHERS PD	ID Number 3065		
	Assisting Officer				
	Assisting Officer				
Narrative	The following was written by DRUELINGER, WAYNE				
	On Friday, January 14, 2022 at 06:21, Druelinger, Wayne responded to a crash on E 116th St at intersection of Spyglass Ridge Dr. At the time of the crash, the weather was Clear and the road surface was Dry.				
	Vehicle 1, Black Toyota Tacoma, Turning left. Vehicle 2, Silver\Aluminum Audi A4, Going straight.				
	{Driver Statements} D1 STATED HE WAS NB ON SPYGLASS RIDGE DR PREPARING TO TURN LEFT ONTO E. 116TH ST. D1 STATED HE LOOKE LEFT AND DID NOT SEE V2 HOWEVER MOST OF HIS ATTENTION WAS ON LOOKING RIGHT FOR WB TRAFFIC. D1 STATED HE PULLED OUT ONTO 116TH ST IN FRONT OF V2. D2 STATED SHE WAS EB ON E. 116TH ST IN THE LEFT STRAIGHT LANE WHEN V1 PULLED OUT IN FRONT OF HER. {Witness Statements} W1 STATED HE WAS WB ON E. 116TH ST JUST EAST OF THE INTERSECTION OF SPYGLASS RIDGE DR WHEN HE OBSERVED V1 PULL OUT IN FRONT OF V2. {Conclusion} D1 FAILED TO YIELD THE RIGHT OF WAY				

State Id
903958945Local Id
2022-2356

Indiana Officer's Standard Crash Report

Hit and Run ☐Vehicles
2Commercial
0Injuries
2Fatalities
0

Page 2 of 4

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FISHERS PD, ORI 0290700

Unit 1 Driver				☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention	
Last Name		First		Middle					
Address		DOB		Age		Gender			
		03/11/1979		42		M			
Driver's License Number		Lic Type		Lic State		CDL Class			
		OP		IN					
Apparent Physical Status		Restrictions							
NORMAL		NONE							
Test Given		Type Given							
NONE									
Driver Injury Status		EMS Number							
NON-INCAPACITATING		0715							
Nature of Most Severe Injury		Location of Most Severe Injury							
COMPLAINT OF PAIN		SHOULDER/UPPER ARM							
Safety Equipment Used		Safety Equipment Effective		Ejection/Trapped					
AIRBAG DEPLOYED, SHOULDER BELT		YES		NOT EJECTED OR TRAPPED					
If Cited		IC Codes							
Vehicle Information									
Veh #	Color	Veh Year	Occupants	Initial Impact Area					
1	BLACK	2012	1	☐ Undercarriage					
Make		Model		☐ Trailer					
TOYOTA		TACOMA		☐ None					
Style				☐ Unknown					
PICK-UP (TRUCKS)									
Insured By									
PROGRESSIVE									
Policy #		Ins Phone #							
		800-876-5581							
VIN									
Plate Number	Plate Exp Year	Plate State							
	2022	IN							
Towed?	Towed Due to Disabling Damage?								
YES	YES								
Company Towed By		City Towed To		Fire?					
GARNERS		FORTVILLE		NO					
Vehicle Use		Event Collision With							
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE							
Emergency Run?		Type of Roadway		Roadway Character					
		MULTI LANE 2 WAY ROAD UNDIVIDED(DBL YLW)		STRAIGHT/GRADE					
Direction of Travel		Pre-Crash Vehicle Action		# of Axles		☐ Oversized			
NORTH		TURNING LEFT		2					
Speed Limit		Traffic Control Devices		Devices Operational?					
35		STOP SIGN							
Owner Information									
Vehicle Owner's Name		Address (Street/City, State Zip)							
Commercial Vehicle Information									
Carrier's Name		Address (Street, City, State, Zip)							
US DOT Number		CMV Inspection							
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo					
Gross Vehicle Weight Rating		Hazmat 4-digit ID		Hazmat Class #		Cargo Body Type			

Unit 2 Driver				☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention	
Last Name		First		Middle					
Address		DOB		Age		Gender			
		06/10/2004		17		F			
Driver's License Number		Lic Type		Lic State		CDL Class			
		OP		IN					
Apparent Physical Status		Restrictions							
NORMAL		NONE							
Test Given		Type Given							
NONE									
Driver Injury Status		EMS Number							
NON-INCAPACITATING		0715							
Nature of Most Severe Injury		Location of Most Severe Injury							
MINOR BLEEDING		FACE							
Safety Equipment Used		Safety Equipment Effective		Ejection/Trapped					
AIRBAG DEPLOYED, SHOULDER BELT		YES		NOT EJECTED OR TRAPPED					
If Cited		IC Codes							
REDACTED		REDACTED							
Vehicle Information									
Veh #	Color	Veh Year	Occupants	Initial Impact Area					
2	SILVER/ALU	2004	1	☐ Undercarriage					
Make		Model		☐ Trailer					
AUDI		A4		☐ None					
Style				☐ Unknown					
4-DOOR									
Insured By									
TETRIS									
Policy #		Ins Phone #							
		317-568-1527							
VIN									
Plate Number	Plate Exp Year	Plate State							
	2022	IN							
Towed?	Towed Due to Disabling Damage?								
YES	YES								
Company Towed By		City Towed To		Fire?					
MILLERS		NOBLESVILLE		NO					
Vehicle Use		Event Collision With							
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE							
Emergency Run?		Type of Roadway		Roadway Character					
		MULTI LANE 2 WAY ROAD UNDIVIDED(DBL YLW)		STRAIGHT/GRADE					
Direction of Travel		Pre-Crash Vehicle Action		# of Axles		☐ Oversized			
EAST		GOING STRAIGHT		2					
Speed Limit		Traffic Control Devices		Devices Operational?					
40		LANE CONTROL							
Owner Information									
Vehicle Owner's Name		Address (Street/City, State Zip)							
Commercial Vehicle Information									
Carrier's Name		Address (Street, City, State, Zip)							
US DOT Number		CMV Inspection							
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo					
Gross Vehicle Weight Rating		Hazmat 4-digit ID		Hazmat Class #		Cargo Body Type			

State Id
903958945

Local Id
2022-2356

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 2 Fatalities 0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
Unit 2 :	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Witnesses	☒ Witness ☐ Other Participant	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
	Name [REDACTED]	[REDACTED]	[REDACTED]	WB 116TH EAST OF INTERSECTION

State Id
903958945

Local Id
2022-2356

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

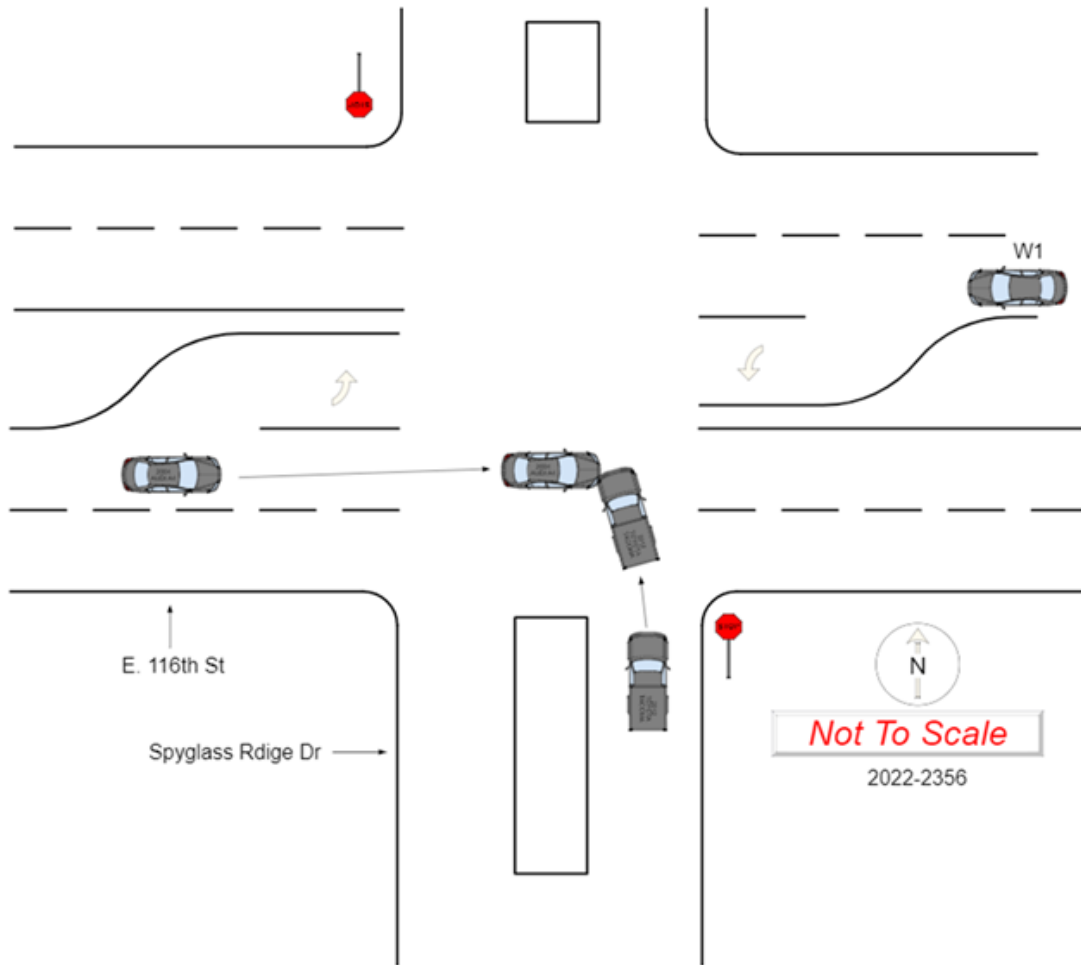
Hit and Run ☐

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FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901751686

Page 1 of 6

Local ID

201141516

Date of Crash 12/24/2011	Day of Week Sat	Actual Local Time 7:06 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 3	# Injured 3	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange SPYGLASS RIDGE DR		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		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		
☐	☐	☒	☐	☐	☐	☐	☐	Hit and Run	NO
☐	☐	☐	☐	☐	☐	☐	☐	School Zone	NO
☐	☐	☐	☐	☐	☐	☐	☐	Rumble Strips	NO
☐	☐	☐	☐	☐	☐	☐	☐	Locality	URBAN
☐	☐	☐	☐	☐	☐	☐	☐	Light Condition	DAYLIGHT
☐	☐	☐	☐	☐	☐	☐	☐	Weather Conditions	CLEAR
☐	☐	☐	☐	☐	☐	☐	☐	Surface Condition	DRY
☐	☐	☐	☐	☐	☐	☐	☐	Type of Median	CURBED
☐	☐	☐	☐	☐	☐	☐	☐	Type of Roadway Junction	FOUR-WAY INTERSECTION
☐	☐	☐	☐	☐	☐	☐	☐	Road Character	STRAIGHT/LEVEL
☐	☐	☐	☐	☐	☐	☐	☐	Roadway Surface	ASPHALT
☐	☐	☐	☐	☐	☐	☐	☐	Construction	If Yes, Construction Type
☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Devices	NONE
☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Device Operational?	NA
☐	☐	☐	☐	☐	☐	☐	☐	Was this crash the result of aggressive driving?	YES

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	
☒ Witness	# 1	(Last Name, First Name, MI)	
☐ Other Participant			
Address etc.		Non-Motorist Type	Non-Motorist Action
Phone #		Apparent Physical Condition	
Location at Time of Crash EASTBOUND 116TH ST		Cited?	Direction
☐ Witness		Street/Highway	
☐ Other Participant			
Address etc.			
Phone #		Traffic Control?	
Location at Time of Crash		If yes, was traffic control operational?	

Local ID
201141516

Type of Crash

LEFT TURN

Time Notified 7:07 PM	Time Arrived 7:09 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 12/24/2011	
Investigating Officer MURRAY, R		ID No. 3125	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that he was driving Eastbound on 116th St approaching the intersection of Spyglass Ridge Dr when V2 turned directly in front of him, causing him to collide with it.

D2 stated that he was driving Westbound on 116th St and turned Southbound onto Spyglass Ridge Dr when he was struck by V1 and then V3. D2 stated that he did not know where the vehicles that hit him came from.

D3 stated that he was driving Eastbound on 116th St approaching the intersection of Spyglass Ridge Dr when he saw V2 pull in front of V1, causing them to collide. D3 then stated that the crash put V2 directly into his path, causing him to collide with it as well.

D1 was transported to IU Saxony Medical center with a complaint of pain to his right hand by Fishers Fire Dept Medic# 0625.

The passenger of V3 was transported to Community North Hospital with a complaint of pain in her abdomen/hip area by Fishers Fire Dept Medic# 1133.

V1 was towed to Garners by Garners.

V2 was towed to Millers by Millers.

V3 was towed to Brooks II by Brooks II.

UNIT INFORMATION

901751686

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Local ID
201141516

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
CARMEL IN 46032				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 09/04/1982		Age 49		Gender MALE		EMS No. 0625		Inmed Attn YES		Driver Injury Status NON-INCAPACITATING	
Driver's License # 1 [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury ELBOW/LOWER ARM					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		☐ If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony							
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results							
Veh# 1		Color BEIGE		Vehicle Year 1995		Make TOYOTA		Model CAMRY		Style 4D	
# Occupants 1		Lic Year 2012		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 8007828332		Front ☐ ☒ ☐ ☐ Rear ☐ ☐ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
CARMEL IN 46032				Vehicle Use PERSONAL (FARM, COMPANY)				Emergency Run? Fire? NO			
Towed? To YES By GARNERS		Due to Disabling Damage YES		License # [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON			
Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT			
Veh Year [REDACTED]		Make [REDACTED]		Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Veh Year [REDACTED]		Make [REDACTED]		Direction of Travel EAST		Type of Primary/Secondary Roadway 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 ☐ Multi-Lane Undivided (3 or more)	
Commercial Vehicle: Carrier's Name and Address [REDACTED]				HAZMAT Proper Shipping Name: [REDACTED]				State DOT# [REDACTED]			
US DOT# [REDACTED]		ICC# [REDACTED]		CMV Inspection [REDACTED]		If Yes [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE			
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]		HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]		HAZMAT 4-Digit ID# [REDACTED]		Hazard Class # [REDACTED]	

UNIT INFORMATION

901751686

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Local ID
201141516

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/09/1982		Age 49		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☐ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☒ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given ALCOHOL		Type Given ☒ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT .21		Certified Test ☒ Pending		If Cited? ☐ Infraction ☒ Misdemeanor ☐ Felony	
Drug Results				IC Codes 9-30-5-2	
Veh# 2		Color TAN		Vehicle Year 2004	
Make GMC		Model YUKON		Style UT	
# Occupants 2		Lic Year 2012		License #	
License State IN					
# Axles 2		Speed Limit 40		Insured By UNKNOWN	
Phone Number UNKNOWN					
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip)				Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
FISHERS		IN 46038		Areas Damaged (Multiples)	
Towed? To MILLERS		Due to Disabling Damage YES		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
YES By MILLERS		Lic State		Front ☒ ☒ ☒ Rear ☐ ☐ ☐	
Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver	
License #		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Registered Owner's Name (Last, First, MI)		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Commercial Vehicle: Carrier's Name and Address				SPORT UTILITY VEHICLE	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		TURNING LEFT	
CMV Inspection		If Yes		Direction of Travel	
Gross Vehicle Weight Rating		Cargo Body Type		SOUTH	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		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	
				☐ Multi-Lane Undivided (3 or more)	
Event Collision With					
1. ANOTHER MOTOR VEHICLE					

UNIT INFORMATION

901751686

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Local ID
201141516

Driver's Name (Last, First, MI) 3 [REDACTED]				Safety Equipment Used LAP + HARNESS									
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 02/17/1959		Age 52		Gender MALE		EMS No. 1133		Inmed Attn NO		Driver Injury Status NON-INCAPACITATING			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury ELBOW/LOWER ARM					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 3		Color BLACK		Vehicle Year 2005		Make GMC		Model ENVOY		Style UT			
# Occupants 3		Lic Year 2012		License # [REDACTED]		License State IN							
# Axles 2		Speed Limit 40		Insured By ALL STATE		Phone Number 8002557828							
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front [REDACTED] Rear [REDACTED]	
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front [REDACTED] Rear [REDACTED]	
Towed? To YES By BROOKS II				Due to Disabling Damage YES				Vehicle Use PERSONAL (FARM, COMPANY)					
Lic State [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Emergency Run? [REDACTED]				Fire? NO	
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Vehicle Type SPORT UTILITY VEHICLE					
Veh Year [REDACTED]				Make [REDACTED]				Pre-Crash Vehicle Action GOING STRAIGHT					
Lic State [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Direction of Travel EAST					
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
Commercial Vehicle: Carrier's Name and Address [REDACTED]				HAZMAT Proper Shipping Name: [REDACTED]				State DOT# [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE	
US DOT# [REDACTED]				ICC# [REDACTED]				CMV Inspection [REDACTED]				If Yes [REDACTED]	
Gross Vehicle Weight Rating [REDACTED]				Cargo Body Type [REDACTED]									
HAZMAT Placard [REDACTED]				HAZMAT Release of Cargo [REDACTED]				HAZMAT 4-Digit ID# [REDACTED]				Hazard Class # [REDACTED]	

NON-DRIVER INJURED INFORMATION

901751686

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Local ID
201141516

Injured Pre-crash Location: Veh# 3 INJURED			Safety Equipment Used LAP + HARNESS		
Name (Last, First, MI) [REDACTED] E			Safety Equipment Effective? YES		
Address (Street, City, State, Zip) [REDACTED]			Ejection/Trapped EJECTED		
FISHERS IN 46037			EMS No. 1133	Immed Attn YES	Driver Injury Status NON-INCAPACITATING
Date of Birth 12/05/1960	Age 51	Gender FEMALE	Nature of Most Severe Injury COMPLAINT OF PAIN		
Position in or on Vehicle ☐ Front ☒ ☐ ☐ ☐ ☐ Rear			Location of Most Severe Injury ABDOMEN/PELVIS		
			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
			Alcohol Results PBT	Certified Test ☐ Pending	Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Driver Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle ☐ Front ☐ ☐ ☐ ☐ ☐ Rear			Location of Most Severe Injury		
			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
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Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Driver Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle ☐ Front ☐ ☐ ☐ ☐ ☐ Rear			Location of Most Severe Injury		
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			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
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Injured Pre-crash Location: Veh#			Safety Equipment Used		
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Address (Street, City, State, Zip)			Ejection/Trapped		
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Date of Birth	Age	Gender	Nature of Most Severe Injury		
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			Alcohol Results PBT	Certified Test ☐ Pending	Drug Results



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902403505

Page 1 of 4

Local ID

20158296

Date of Crash 02/27/2015	Day of Week Fri	Actual Local Time 8:26 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																													
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange SPYGLASS RIDGE DR		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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																														
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																
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Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather Conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Lane Movement</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances					Alcoholic Beverages					Illegal Drugs					Prescription Drugs					Driver Asleep or Fatigued					Driver Illness					Unsafe Speed					Failure to Yield					Disregard Signal					Left of Center					Improper Passing					Improper Turning					Improper Lane Usage					Following Too Closely					Unsafe Backing					Overcorrecting					Ran off Road					Wrong Way on One Way					Pedestrian's Action					Passenger Distraction					Restriction Violation					Jackknifing					Cell Phone Usage					Other Telematics					Driver Distracted					Speed/Weather Conditions					Unsafe Lane Movement					Other					None					<table border="1"><thead><tr><th>Primary 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Local ID

20158296

**Type of
Crash**

LEFT TURN

Time Notified 8:26 AM	Time Arrived 8:34 AM	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 02/27/2015	
Investigating Officer PATTON, E		ID No. 3072	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was Eastbound on 116th Street at Spyglass Ridge Drive when she was making a left hand turn onto Archer Lane when she struck D2.

D2 stated she was making a left hand turn onto 116th Street when D1 struck her in the middle of the intersection.

I have no further information at this time.

End of Narrative

Sgt. Eric Patton

UNIT INFORMATION

902403505

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Local ID
20158296

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? NO											
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 03/15/1984		Age 50		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IL		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 1		Color BROWN		Vehicle Year 2014		Make Mercedes Benz		Model 450		Style UT		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2015		License # [REDACTED]		License State IN		Phone Number 8002557828				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ Rear ☒ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver							
FISHERS IN 46037												Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To NO		By		Due to Disabling Damage		Emergency Run?		Fire?		NO					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver		Vehicle Type PASSENGER CAR/STATION WAGON		Pre-Crash Vehicle Action TURNING LEFT		Direction of Travel EAST		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
License#		Address (Street, City, State, Zip)		Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver			
License#		Address (Street, City, State, Zip)		Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver			
Commercial Vehicle: Carrier's Name and Address				HAZMAT Proper Shipping Name:				State DOT#							
US DOT#		ICC#		CMV Inspection		If Yes		Event Collision With 1. ANOTHER MOTOR VEHICLE							
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #					

UNIT INFORMATION

902403505

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Local ID
20158296

Driver's Name (Last, First, MI) 2 [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
NEW WHITELAND IN 46184		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 07/30/1985	Age 49	Gender FEMALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending			
Veh# 2	Color GRAY	Vehicle Year 2000	Make MAZDA
		Model 626	Style 4D
# Occupants 1	Lic Year 2015	License # [REDACTED]	License State IN
# Axles 2	Speed Limit 40	Insured By FARMERS INSURANCE	Phone Number 3177864321
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
NEW WHITELAND IN 46184		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) ☐ Same as Driver	
License #		Address (Street, City, State, Zip)	
Veh Year	Make		
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver	
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 #
Safety Equipment Used LAP + HARNESS		Safety Equipment Effective? YES	
Ejection/Trapped NOT EJECTED OR TRAPPED		Nature of Most Severe Injury	
Location of Most Severe Injury		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Vehicle Use PERSONAL (FARM, COMPANY)		Emergency Run? Fire? NO	
Vehicle Type PASSENGER CAR/STATION WAGON			
Pre-Crash Vehicle Action TURNING LEFT			
Direction of Travel NORTHWEST			
Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Event Collision With 1. ANOTHER MOTOR VEHICLE			

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903184644

Local ID

Page

1

of

4

201832786

Date of Crash 07/14/2018	Day of Week Sat	Actual Local Time 9:20 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Door 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange SPYGLASS RIDGE DR		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?	Crash Latitude 39 57.427		Crash Longitude -85 59.052	
Driver #1		Driver #2		Driver #3			Driver #4		

Primary Cause					Area Information				
Driver	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run				
☐	☐	☐	☐	☐	School Zone	NO			
☐	☐	☐	☐	☐	Rumble Strips	NO			
☐	☐	☐	☐	☐	Locality	URBAN			
☐	☐	☐	☐	☐	Light Condition	DARK (LIGHTED)			
☐	☐	☐	☐	☐	Weather Conditions	CLEAR			
☐	☐	☐	☐	☐	Surface Condition	DRY			
☐	☐	☐	☐	☐	Type of Median				
☐	☐	☐	☐	☐	Type of Roadway Junction	NO JUNCTION INVOLVED			
☐	☐	☐	☐	☐	Road Character	STRAIGHT/LEVEL			
☐	☐	☐	☐	☐	Roadway Surface	ASPHALT			
☐	☐	☐	☐	☐	Construction	If Yes, Construction Type			
☐	☐	☐	☐	☐		NO			
☐	☐	☐	☐	☐	Traffic Control Devices	LANE CONTROL			
☐	☐	☐	☐	☐	Traffic Control Device Operational?	NA			

Total Estimate of all damage in the Crash:

\$2501 TO \$5000

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

Local ID
201832786

Type of Crash

RIGHT ANGLE

Time Notified 9:23 PM	Time Arrived 9:23 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 07/14/2018	
Investigating Officer MATT, K		ID No. 3170	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was attempting to turn left from westbound 116th Street into a driveway just west of Spyglass Ridge Dr. D1 stated he thought that he had enough time to make the turn. D1 stated he believed V2 sped up during D1's turn. D1 stated V2 hit V1.

D2 stated he was traveling eastbound on 116th Street. D2 stated V1 turned in front of him and D2 did not have enough time to stop. D2 stated V2 struck V1.

Witness accounts stated that they saw V1 turn in front of V2 without having enough room to do so. D2 was given witness information for the incident.

UNIT INFORMATION

903184644

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Local ID
201832786

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
INDIANAPOLIS		IN 46256		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/26/2000		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color BLACK		Vehicle Year 2008	
# Occupants 3		Lic Year 2018		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By NATIONWIDE	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN	
Registered Owner's Name (Last, First, MI) [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Phone Number 8004213535	
INDIANAPOLIS		IN 46256		Initial Impact Area	
Towed? To NO		By [REDACTED]		Due to Disabling Damage	
License#		Address (Street, City, State, Zip)		Areas Damaged (Multiples)	
Veh Year		Make		Undercarriage ☐ Front ☐ Rear	
Lic State		Lic Year		Trailer ☐ Front ☐ Rear	
Registered Owner's Name (Last, First, MI) [REDACTED]		License # [REDACTED]		None ☐ Front ☐ Rear	
License#		Address (Street, City, State, Zip)		Unknown ☐ Front ☐ Rear	
Veh Year		Make		Vehicle Use	
Commercial Vehicle: Carrier's Name and Address				PERSONAL (FARM, COMPANY)	
HAZMAT Proper Shipping Name:		State DOT#		Emergency Run?	
US DOT#		ICC#		Fire? NO	
CMV Inspection		If Yes		Vehicle Type	
Gross Vehicle Weight Rating		Cargo Body Type		PASSENGER CAR/STATION WAGON	
HAZMAT Placard		HAZMAT Release of Cargo		Pre-Crash Vehicle Action	
HAZMAT 4-Digit ID#		Hazard Class #		TURNING LEFT	
				Direction of Travel	
				SOUTH	
				Type of Primary/Secondary Roadway	
				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
				☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
				Event Collision With 1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

903184644

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Local ID
201832786

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)		R		Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/05/1987		Age 50		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color BLACK		Vehicle Year 2010	
# Occupants 1		Lic Year 2018		License #	
# Axles 2		Speed Limit 40		Insured By STATE FARM	
Vehicle Identification #		Model EQUINOX		Style 4D	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 2196592111		☐ Undercarriage ☒ Front ☐ Rear	
FISHERS		IN 46037		☐ Trailer ☐ None ☐ Unknown	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		Areas Damaged (Multiples)	
Lic State		Registered Owner's Name (Last, First, MI)		☐ Undercarriage ☒ Front ☐ Rear	
License #		Address (Street, City, State, Zip)		☐ Trailer ☐ None ☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Registered Owner's Name (Last, First, MI)		PERSONAL (FARM, COMPANY)	
License #		Address (Street, City, State, Zip)		Emergency Run? ☐ Fire? ☐ NO	
Veh Year		Make		Vehicle Type	
Lic State		Registered Owner's Name (Last, First, MI)		PASSENGER CAR/STATION WAGON	
License #		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action	
Veh Year		Make		GOING STRAIGHT	
Commercial Vehicle: Carrier's Name and Address				Direction of Travel	
HAZMAT Proper Shipping Name:		State DOT#		EAST	
US DOT#		ICC#		Type of Primary/Secondary Roadway	
CMV Inspection		If Yes		☐ One Way Road ☐ Two Lanes - Two Way	
Gross Vehicle Weight Rating		Cargo Body Type		☐ One Lane - One Way ☒ Multi-Lane Divided (3 or more) - Two Way	
HAZMAT Placard		HAZMAT Release of Cargo		☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn	
HAZMAT 4-Digit ID#		Hazard Class #		☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier	
				☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley	
				☐ Multi-Lane w/ Cable Barrier ☐ Ramp	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902695876

Page 1 of 4

Local ID

201618003

Date of Crash 04/30/2016	Day of Week Sat	Actual Local Time 1:01 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																													
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<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Driver Contributing Circumstances</td><td></td><td></td><td></td><td></td></tr><tr><td>Alcoholic Beverages</td><td></td><td></td><td></td><td></td></tr><tr><td>Illegal Drugs</td><td></td><td></td><td></td><td></td></tr><tr><td>Prescription Drugs</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Asleep or Fatigued</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Illness</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Speed</td><td></td><td></td><td></td><td></td></tr><tr><td>Failure to Yield</td><td></td><td></td><td></td><td></td></tr><tr><td>Disregard Signal</td><td></td><td></td><td></td><td></td></tr><tr><td>Left of Center</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Passing</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather 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Local ID
201618003

Type of Crash

RIGHT ANGLE

Time Notified 1:02 PM	Time Arrived 1:08 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 04/30/2016	
Investigating Officer MCFERRAN, K		ID No. 3147	Agency FISHERS PD	Reviewing Officer	

Narrative

Case # 2016-18003

D1 stated he was facing SB on Hamble Blvd preparing to turn EB on 116th Street prior to pulling onto 116th Street. D1 stated he did not see V2 coming WB on 116th Street and was unable to avoid colliding with V2.

D2 stated he was WB on 116th Street approaching Hamble Blvd when he observed V1 pull out in front of him. D2 stated he attempted to brake but his vehicle slid on the wet roadway and he was unable to avoid striking V1.

W1 stated she was traveling WB on 116th Street behind V2 when she observed V1 pull out in front of V2 before the two vehicles collided.

The FFD responded to the scene, however, all parties refused treatment at the scene.

End of Narrative...

Officer K. McFerran 3147
Fishers Police Department

5/4/16 Supplement to correct the Insurance Carrier for Vehicle #1.

UNIT INFORMATION

902695876

Page 3 of 4

Local ID
201618003

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 10583 GEIST RIDGE CT				Safety Equipment Effective? YES	
FISHERS		IN 46040		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/12/1998		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☒ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Nature of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color RED		Vehicle Year 2007	
Make ACURA		Model RDX		Style 4W	
# Occupants 1		Lic Year 2016		License #	
License State IN		Phone Number 8884816855		Initial Impact Area	
# Axles 2		Speed Limit 25		Insured By SAFECO	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		Areas Damaged (Multiples)	
Address (Street, City, State, Zip)		Same as Driver		Undercarriage Trailer None Unknown	
FISHERS		IN 46040		Vehicle Use	
Towed? To YES By GARNERS		Due to Disabling Damage YES		PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run?	
Registered Owner's Name (Last, First, MI)		Same as Driver		Fire? NO	
License #		Address (Street, City, State, Zip)		Vehicle Type	
Veh Year		Make		PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action	
Registered Owner's Name (Last, First, MI)		Same as Driver		ENTERING TRAFFIC LANE	
License #		Address (Street, City, State, Zip)		Direction of Travel	
Veh Year		Make		NORTH	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		Type of Primary/Secondary Roadway	
State DOT#		US DOT#		One Way Road One Lane - One Way Two Lanes - One Way Multi-Lanes (3 or more) - One Way Multi-Lane w/ Grass Median Only Multi-Lane w/ Center Turn Lane Multi-Lane w/ Curb Raised Median Multi-Lane w/ Cable Barrier	
ICC#		CMV Inspection		Two Lanes - Two Way Multi-Lane Divided (3 or more) - Two Way Multi-Lane Undivided Two Way Left Turn Multi-Lane Undivided (3 or more) - Two Way Multi-Lane w/ Concrete Barrier Multi-Lane w/ Metal Guardrail Median Private Drive Alley Ramp	
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With	
HAZMAT Placard		HAZMAT Release of Cargo		1. ANOTHER MOTOR VEHICLE	
HAZMAT 4-Digit ID#		Hazard Class #			

UNIT INFORMATION

902695876

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Local ID
201618003

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 03/31/1979		Age		Gender MALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 2		Color BLK		Vehicle Year 2008		Make CHRYSLER		Model SEBRING		Style 4D	
# Occupants 2		Lic Year 2017		License # [REDACTED]		License State IN		Phone Number 3175772445		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
# Axles 2		Speed Limit 40		Insured By ERIE		Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip) [REDACTED]		FISHERS IN 46037-8719		Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		Emergency Run? NO		Fire? NO	
License#		Address (Street, City, State, Zip)		Vehicle Year [REDACTED]		Make [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON		Pre-Crash Vehicle Action GOING STRAIGHT	
License#		Address (Street, City, State, Zip)		Vehicle Year [REDACTED]		Make [REDACTED]		Direction of Travel WEST		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With 1. ANOTHER MOTOR VEHICLE			
US DOT#		ICC#		CMV Inspection		If Yes		HAZMAT Placard		HAZMAT Release of Cargo	
HAZMAT 4-Digit ID#		Hazard Class #									



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902811539

Local ID

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201646671

Date of Crash 11/07/2016	Day of Week Mon	Actual Local Time 7:30 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange HAMBLE 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?		Crash Latitude		Crash Longitude
Driver #1		Driver #2		Driver #3		Driver #4			
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☒ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None									

Local ID

201646671

**Type of
Crash**

RIGHT TURN

Time Notified 7:30 AM	Time Arrived 7:40 AM	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 11/07/2016	
Investigating Officer OWENS, C		ID No. 3115	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 ADVISED SHE WAS ON HAMBLE ROAD TURNING WB ONTO 116TH ST. D1 STATED THAT HER WINDOWS WERE STILL FOGGED UP AND SHE COULDN'T SEE V2, WHO WAS TRAVELLING WB ON 116TH ST.\

D2 ADVISED HE WAS WB 116TH ST., WHEN V1 TURNED AND STRUCK V2.

UNIT INFORMATION

902811539

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Local ID
201646671

1 Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
FISHERS IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/01/1994	Age 22	Gender FEMALE	EMS No. Inmed Attn Driver Injury Status
Lic Type OP		CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending			
Veh# 1	Color BLK	Vehicle Year 2005	Make JEEP
# Occupants 1		Lic Year 2017	License # [REDACTED]
License State IN		Phone Number 8002252467	
# Axles 2	Speed Limit 40	Insured By LIBERTY MUTUAL	
Vehicle Identification # [REDACTED]			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver			
Address (Street, City, State, Zip) [REDACTED]			
FISHERS IN 46038			
Towed? To NO By		Due to Disabling Damage	
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
License#		Address (Street, City, State, Zip)	
Veh Year		Make	
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
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 ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Vehicle Use PERSONAL (FARM, COMPANY)			
Emergency Run?		Fire? NO	
Vehicle Type UNKNOWN TYPE			
Pre-Crash Vehicle Action TURNING LEFT			
Direction of Travel SOUTHWEST			
Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Event Collision With 1. ANOTHER MOTOR VEHICLE			

UNIT INFORMATION

902811539

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Local ID
201646671

Driver's Name (Last, First, MI) 2 [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 09/19/1972	Age 44	Gender MALE	EMS No. Injured Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending		Nature of Most Severe Injury	
Veh# 2		Color GRY	Vehicle Year 2010
Make LANDROVER		Model LR4	Style 4W
# Occupants 1		Lic Year 2017	License # [REDACTED]
License State IN		Phone Number 8007233276	
# Axles 2		Speed Limit 40	Insured By FARM BUREAU
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS IN 46037-4203		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? To NO By	Due to Disabling Damage		Emergency Run? Fire? NO
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]	Vehicle Type PASSENGER CAR/STATION WAGON
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]	
Veh Year	Make	Lic State	Lic Year
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]	
Veh Year	Make	Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Commercial Vehicle: Carrier's Name and Address [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE	
HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]	
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 #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902843182

Local ID

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201652542

Date of Crash 12/21/2016	Day of Week Wed	Actual Local Time 8:35 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0										
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange HAMBLE 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?	Crash Latitude		Crash Longitude											
Driver #1		Driver #2			Driver #3		Driver #4												
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Environment Contributing Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None					Area Information Hit and Run School Zone Rumble Strips Locality Light Condition Weather Conditions Surface Condition Type of Median Type of Roadway Junction Road Character Roadway Surface Construction Traffic Control Devices Traffic Control Device Operational? NO NO NO URBAN DAYLIGHT CLEAR SNOW/SLUSH T-INTERSECTION STRAIGHT/LEVEL ASPHALT NO STOP SIGN NA				
Total Estimate of all damage in the Crash: UNDER \$1001					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														
Witness Other Participant # Name 					Last Name, First Name, MI														
Address etc.					Non-Motorist Type		Non-Motorist Action												
Phone #					Location at Time of Crash		Apparent Physical Condition												
Witness Other Participant # Name 					Cited?		Direction												
Address etc.					Street/Highway														
Phone #					Location at Time of Crash		Traffic Control?												
							If yes, was traffic control operational?												

Local ID
201652542

Type of Crash

SAME DIRECTION SIDESWIPE

Time Notified 8:37 AM	Time Arrived 8:39 AM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 12/21/2016	
Investigating Officer MYERS, B		ID No. 3035	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 said that he was on Hamble Blvd. preparing to make a left turn (east) on to 116th Street. D1 looked for traffic to clear and saw V2 that was traveling east on 116th Street in the far right lane. D2 believed he had room to make his turn and remain in the left lane of travel on 116th Street. D1 pulled out and as he was turning, he began to slide on ice in the roadway. D1 said that he lost control of his vehicle and slid into V2 (same direction sideswipe). D1 said that both vehicles came to a stop on 116th Street in the roadway. After D1 spoke with D2, they agreed to move to the Village Pantry Gas Station, 12512 E. 116th Street, and call police.

D2 stated he was driving east on 116th Street approaching the "T intersection" of 116th Street and Hamble Blvd. D2 said that he observed V1 turning left from Hamble Blvd. on to 116th Street. D2 stated that when V1 turned, it appeared to slide out and into his lane of travel. D2 said V1 struck the driver's side of his vehicle.

This officer noticed an ice patch in the intersection where the collision occurred. There will be no follow-up investigation made by this officer. End narrative.

Sgt. Brad Myers 3035

UNIT INFORMATION

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Local ID
201652542

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 03/23/1972		Age 44		Gender MALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color RED		Vehicle Year 2002		Make CHEVROLET		Model TAHOE 4X4		Style UT	
# Occupants 1		Lic Year 2017		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 40		Insured By USAA		Phone Number 8889797430		Front ☒ [] [] Rear ☐ [] []			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FISHERS IN 46037				Vehicle Use PERSONAL (FARM, COMPANY)				Front ☒ [] [] Rear ☐ [] []			
Towed? To NO By		Due to Disabling Damage		Emergency Run?				Fire? NO			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Type SPORT UTILITY VEHICLE			
License#		Address (Street, City, State, Zip) [REDACTED]				Pre-Crash Vehicle Action TURNING LEFT					
Veh Year		Make		Direction of Travel EAST				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
License#		Address (Street, City, State, Zip) [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE					
Veh Year		Make		HAZMAT Proper Shipping Name:				HAZMAT Release of Cargo			
Commercial Vehicle: Carrier's Name and Address [REDACTED]		HAZMAT 4-Digit ID#				HAZMAT Class #					
US DOT#		ICC#		CMV Inspection		If Yes					
Gross Vehicle Weight Rating		Cargo Body Type									

UNIT INFORMATION

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Local ID
201652542

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
NOBLESVILLE		IN 46060		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/18/1976		Age 40		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color BLUE		Vehicle Year 2006	
Make HONDA		Model PILOT EX		Style UT	
# Occupants 1		Lic Year 2017		License #	
License State IN		Phone Number 8772467814			
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE INSURANCE	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
NOBLESVILLE		IN 46060		☐ None	
Towed? To NO		Due to Disabling Damage		☐ Unknown	
Lic State		Lic Year		Areas Damaged (Multiples)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
License #		Address (Street, City, State, Zip)		☐ Trailer	
Veh Year		Make		☐ None	
Lic State		Lic Year		☐ Unknown	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Vehicle Use	
License #		Address (Street, City, State, Zip)		PERSONAL (FARM, COMPANY)	
Veh Year		Make		Emergency Run?	
Commercial Vehicle: Carrier's Name and Address				Fire?	
HAZMAT Proper Shipping Name:		State DOT#		NO	
US DOT#		ICC#		Vehicle Type	
CMV Inspection		If Yes		SPORT UTILITY VEHICLE	
Gross Vehicle Weight Rating		Cargo Body Type		Pre-Crash Vehicle Action	
HAZMAT Placard		HAZMAT Release of Cargo		GOING STRAIGHT	
HAZMAT 4-Digit ID#		Hazard Class #		Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☐ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☒ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

State Id
904282148

Local Id
2023-23052

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 1 Fatalities 0

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location 116TH ST at intersection of HAMBLE BLVD		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 05/25/2023	Day of Week Thursday	Crash Time 18:03 PM	Date of Report 05/26/2023	Latitude 39.95766963
	Weather Condition CLEAR		Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment ☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 1804	Time Arrived 1805	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete ☐ Photos taken	Total Estimate of all damage in Crash: \$10001 TO \$25000
	Investigative Officer REUTER, JEFFREY	Agency FISHERS PD		ID Number 3223	
	Reviewing Officer				
	Assisting Officer				
Narrative	The following was written by REUTER, JEFFREY				
	On Thursday, May 25, 2023 at 18:03, REUTER, JEFFREY responded to a crash on 116th st at intersection the of hamble blvd and the road surface was Dry.				
	Vehicle 1, White Gmc Terrain, Starting in traffic. Heavy front end damage. Vehicle towed. Driver transported to Community North Hospital for injuries.				
	Vehicle 2, Black Ram 1500, Going straight. Heavy front end damage. Vehicle towed.				
	Driver 1 stated that she was s/b on Hamble attempting to turn left to go e/b on 116th. Driver 1 stated that she was starting to go from the stop sign when a crash happened and she didnt know where vehicle 2 came from.				
Driver 2 stated that she was w/b on 116th when she saw vehicle 1 start going s/b from the stop sign to turn w/b on 116th. Driver 2 stated that she did not have enough time to stop and avoid the crash.					
End of report.					

State Id
904282148

Local Id
2023-23052

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

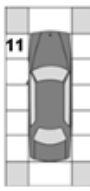
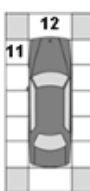
Indiana Officer's Standard Crash Report

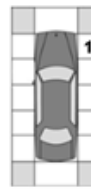
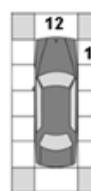
Vehicles 2 Commercial 0 Injuries 1 Fatalities 0

Hit and Run ☐

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☒ Immediate Medical Attention
Last Name		First		Middle
[REDACTED]		[REDACTED]		M
Address		DOB	Age	Gender
[REDACTED]		06/02/1961	61	F
Driver's License Number		Lic Type	Lic State	CDL Class
[REDACTED]		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
NON-INCAPACITATING				
Nature of Most Severe Injury		Location of Most Severe Injury		
COMPLAINT OF PAIN		SHOULDER/UPPER ARM		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	WHITE	2011	1	
Make	Model			
GMC	TERRAIN			
Style				
UTILITY (SUV)				
Insured By	Ins Phone #			
GEICO				
Policy #				
[REDACTED]				
VIN	[REDACTED]			
Plate Number	Plate Exp Year	Plate State		
232VAV	2024	IN		
Towed?	Towed Due to Disabling Damage?			
YES	YES			
Company Towed By	City Towed To	Fire?		
INTERSTATE TOWING	INTERSTATE TOWING	NO		
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
	TWO LANES (TWO WAY)	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
SOUTH	STARTING IN TRAFFIC	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40	STOP SIGN			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
[REDACTED]		[REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number		CMV Inspection		
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo
Gross Vehicle Weight Rating		Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
[REDACTED]		[REDACTED]		E
Address		DOB	Age	Gender
[REDACTED]		08/07/1997	25	F
Driver's License Number		Lic Type	Lic State	CDL Class
[REDACTED]		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	BLACK	2016	3	
Make	Model			
RAM	1500			
Style				
TRUCK/OTHER				
Insured By	Ins Phone #			
ALLSTATE				
Policy #				
[REDACTED]				
VIN	[REDACTED]			
Plate Number	Plate Exp Year	Plate State		
REC133	2023	IN		
Towed?	Towed Due to Disabling Damage?			
YES	YES			
Company Towed By	City Towed To	Fire?		
GARNERS	GARNERS	NO		
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
	TWO LANES (TWO WAY)	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40	NONE			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
[REDACTED]		[REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number		CMV Inspection		
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo
Gross Vehicle Weight Rating		Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

State Id
904282148

Local Id
2023-23052

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 1 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
Factors	Unit 2 :
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904282148

Local Id
2023-23052

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904607338

Local Id
2024-51303

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location 116TH ST. at intersection of HAMBLE BLVD.		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 11/05/2024	Day of Week Tuesday	Crash Time 16:20 PM	Date of Report 11/05/2024	Latitude 39.95765073
	Weather Condition CLOUDY		Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition WET	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment ☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 1641	Time Arrived 1641	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash SAME DIRECTION SIDESWIPE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken
	Investigative Officer FERRIS, CALEB		Agency FISHERS PD	ID Number 3242	Reconstruction Performed
	Reviewing Officer				
	Assisting Officer				
Narrative	The following was written by FERRIS, CALEB				
	On Tuesday, November 5, 2024 at 16:20, FERRIS, CALEB responded to a crash on 116th St. at the intersection of Hamble Blvd. and the road surface was Wet.				
	Vehicle 1, Red Nissan Sentra, Turning right. Vehicle 2, Gray Toyota Rav4, Maintaining path of travel.				
D1 stated she was turning right from Hamble Blvd to travel west on 116th St. D1 said while waiting to turn she observed a school bus traveling west in the right lane of 116th St. that was turning onto Hamble Blvd. D1 also saw D2 traveling west in the left lane of 116th St. going through the intersection at Brooks School Rd. D1 stated she knew she could make the turn and turned right onto 116th St and began entering the left lane when the rear drivers side of her vehicle collided with D2.					
D2 stated she was traveling west on 116th St. in the left lane. D2 had just gone through the intersection at Brooks School Rd. D1 said there was a school bus in the right lane was turning right into a neighborhood entrance on the north side of 116th St. D2 also saw D1 pull out from the same neighborhood entrance on the north side of 116th St. and began moving west on 116th St. D2 said D1 made the turn into her lane (the left lane) and a collision occurred.					
Both parties were not injured and both vehicles were able to be driven from the scene.					
End of narrative Axon available Officer Caleb Ferris 3242					

State Id
904607338

Local Id
2024-51303

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver				☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention					
Last Name		First		Middle		Address		DOB		Age		Gender	
								09/30/2000		24		F	
Driver's License Number		Lic Type		Lic State		CDL Class							
		OP		INDIANA									
Apparent Physical Status				Restrictions									
NORMAL				NONE									
Test Given				Type Given									
NONE													
Driver Injury Status				EMS Number									
Nature of Most Severe Injury				Location of Most Severe Injury									
Safety Equipment Used				Safety Equipment Effective				Ejection/Trapped					
LAP BELT, SHOULDER BELT				YES				NOT EJECTED OR TRAPPED					
If Cited		IC Codes											
Vehicle Information													
Veh #	Color	Veh Year	Occupants	Initial Impact Area									
1	RED	2015	1										
Make		Model		Undercarriage									
NISSAN		SENTRA		Trailer									
Style				None									
4-DOOR				Unknown									
Insured By				Damage to Roof									
BRISTOL WEST													
Policy #		Ins Phone #		Areas of Damage									
		815-436-4781		Undercarriage									
VIN				Trailer									
				None									
Plate Number		Plate Exp Year	Plate State	Unknown									
		2026	INDIANA	Damage to Roof									
Towed?		Towed Due to Disabling Damage?											
NO													
Company Towed By				City Towed To				Fire?					
								NO					
Vehicle Use				Event Collision With									
PERSONAL (FARM, COMPANY)				ANOTHER MOTOR VEHICLE									
Emergency Run?		Type of Roadway		Roadway Character									
		TWO LANES (TWO WAY)		STRAIGHT/LEVEL									
Direction of Travel		Pre-Crash Vehicle Action		# of Axes		☐ Oversized							
WEST		TURNING RIGHT		2									
Speed Limit		Traffic Control Devices		Devices Operational?									
40		STOP SIGN											
Owner Information													
Vehicle Owner's Name		Address (Street/City, State Zip)											
Commercial Vehicle Information													
Carrier's Name		Address (Street, City, State, Zip)											
US DOT Number		CMV Inspection											
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo									
Gross Vehicle Weight Rating		Hazmat 4-digit ID		Hazmat Class #		Cargo Body Type							

Unit 2 Driver				☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention					
Last Name		First		Middle		Address		DOB		Age		Gender	
								12/09/2000		23		F	
Driver's License Number		Lic Type		Lic State		CDL Class							
		OP		INDIANA									
Apparent Physical Status				Restrictions									
NORMAL				NONE									
Test Given				Type Given									
NONE													
Driver Injury Status				EMS Number									
Nature of Most Severe Injury				Location of Most Severe Injury									
Safety Equipment Used				Safety Equipment Effective				Ejection/Trapped					
LAP BELT, SHOULDER BELT				YES				NOT EJECTED OR TRAPPED					
If Cited		IC Codes											
Vehicle Information													
Veh #	Color	Veh Year	Occupants	Initial Impact Area									
2	GRAY	2015	1										
Make		Model		Undercarriage									
TOYOTA		RAV4		Trailer									
Style				None									
UTILITY (SUV)				Unknown									
Insured By				Damage to Roof									
USAA GENERAL INDEMNITY													
Policy #		Ins Phone #		Areas of Damage									
				Undercarriage									
VIN				Trailer									
				None									
Plate Number		Plate Exp Year	Plate State	Unknown									
		2025	INDIANA	Damage to Roof									
Towed?		Towed Due to Disabling Damage?											
NO													
Company Towed By				City Towed To				Fire?					
								NO					
Vehicle Use				Event Collision With									
PERSONAL (FARM, COMPANY)				ANOTHER MOTOR VEHICLE									
Emergency Run?		Type of Roadway		Roadway Character									
		TWO LANES (TWO WAY)		STRAIGHT/LEVEL									
Direction of Travel		Pre-Crash Vehicle Action		# of Axes		☐ Oversized							
WEST		MAINTAINING PATH OF TRAVEL		2									
Speed Limit		Traffic Control Devices		Devices Operational?									
40		LANE CONTROL											
Owner Information													
Vehicle Owner's Name		Address (Street/City, State Zip)											
Commercial Vehicle Information													
Carrier's Name		Address (Street, City, State, Zip)											
US DOT Number		CMV Inspection											
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Release of Cargo									
Gross Vehicle Weight Rating		Hazmat 4-digit ID		Hazmat Class #		Cargo Body Type							

State Id
904607338

Local Id
2024-51303

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make
Property Damage	State Property	Description	Owner's Name and Address					
Factors	Unit 1 :							
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,IMPROPER TURNING,NONE (ENVIRONMENTAL)							
Factors	Unit 2 :							
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)							

State Id
904607338

Local Id
2024-51303

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

Indiana Officer's Standard Crash Report

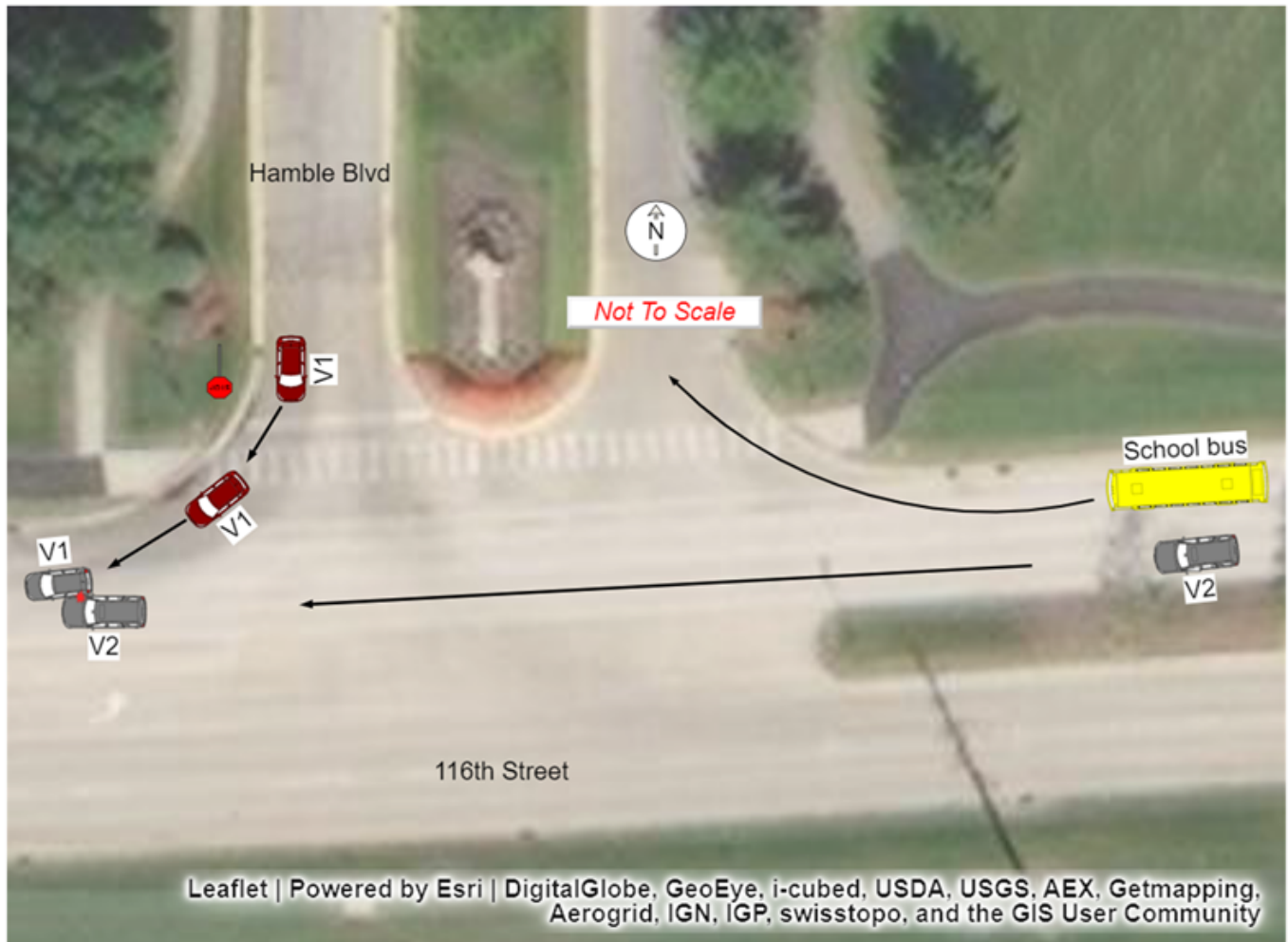
Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902158941

Local ID

Page 1 of 4

20141509

Date of Crash 01/13/2014	Day of Week Mon	Actual Local Time 7:53 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0					
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange HAMBLE 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		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DARK (LIGHTED) Weather Conditions CLOUDY Surface Condition WET Type of Median CURBED Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/LEVEL Roadway Surface CONCRETE Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: \$5001 TO \$10000														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

20141509

**Type of
Crash**

RIGHT TURN

Time Notified 7:54 PM	Time Arrived 7:59 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 01/13/2014	
Investigating Officer WEESNER, T		ID No. 3141	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was stopped on Hamble Blvd., at E 116th St. D1 stated she was attempting pull out onto E 116TH St. D1 stated as she pulled out she did not see V2 until it was too late. D1 stated the front passenger side of V2 collided with the front driver side of her vehicle.

D2 stated he was traveling westbound on E. 116TH St., approaching Hamble Blvd. D2 stated V1 pulled out in front of him and he was unable to stop in time to avoid a collision. D2 stated the front passenger side of his vehicle collided with the front driver side of V1.

Local ID
20141509

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UNIT INFORMATION

902158941

Page 4 of 4

Local ID
20141509

Driver's Name (Last, First, MI) 2 [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		Safety Equipment Effective? YES	
INDIANAPOLIS IN 46239		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/27/1981	Age 32	Gender MALE	EMS No. Inmed Attn Driver Injury Status
Driver's License # [REDACTED]	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending		Nature of Most Severe Injury	
Veh# 2		Color BLACK	Vehicle Year 2002
Make GMC		Model SON	Style PK
# Occupants 1		Lic Year 2014	License # [REDACTED]
License State IN		Phone Number 8007764737	
# Axles 2		Speed Limit 40	Insured By PROGRESSIVE
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
INDIANAPOLIS IN 46239		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? To NO By		Due to Disabling Damage	
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
License #		Address (Street, City, State, Zip)	
Veh Year		Make	
Lic State		Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
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 #
Event Collision With 1. ANOTHER MOTOR VEHICLE			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902383011

Local ID

Page

1

of

4

20153360

Date of Crash 01/24/2015	Day of Week Sat	Actual Local Time 3:40 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																													
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Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather 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Cited?	Direction																																																																																																																																																																																																																																																																																																																					
Street/Highway																																																																																																																																																																																																																																																																																																																						
Traffic Control?	If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																																					

Local ID

20153360

**Type of
Crash**

RIGHT ANGLE

Time Notified 3:46 PM	Time Arrived 3:50 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? NO	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 01/24/2015	
Investigating Officer THOMPSON, R		ID No. 3069	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was turning right from Hamble Blvd. D1 stated that as he pulled out he saw V2 in front of his vehicle. D1 stated his vehicle was struck by V2. V2 then continued west bound and stuck the curb and flipped over and landed on the roof.

D2 stated she was west bound on 116th Street. D2 stated that V1 pulled out in front of her. D2 stated her vehicle stuck V1 and she then hit the curb and her vehicle flipped over.

D2 had abrasions on her left hand.

Local ID
20153360

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UNIT INFORMATION

902383011

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Local ID
20153360

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 04/01/1998		Age 16		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 2		Color BLACK		Vehicle Year 2011		Make FORD		Model FIESTA		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
# Occupants 1		Lic Year 2015		License # [REDACTED]		License State IN		Phone Number 3175772445				Front ☒ Rear ☐			
# Axles 2		Speed Limit 35		Insured By SELECTIVE								Front ☒ Rear ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☒ Rear ☐			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Vehicle Use PERSONAL (FARM, COMPANY)							
Towed? To YES By FISHERS TOWING				Due to Disabling Damage YES				Emergency Run? NO				Fire? NO			
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON							
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT							
License#				Address (Street, City, State, Zip)				Direction of Travel WEST							
Veh Year				Make				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☒ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type													
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #									



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902729356

Page 1 of 5

Local ID

201626607

Date of Crash 06/24/2016	Day of Week Fri	Actual Local Time 7:08 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WINDSWEEP DR		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?		Crash Latitude	Crash Longitude	
Driver #1		Driver #2			Driver #3		Driver #4		
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None									

Primary Cause

Vehicle 1

Vehicle 2

Vehicle 3

Vehicle 4

Vehicle Contributing Circumstances

☐ Engine Failure or Defective

☐ Accelerator Failure or Defective

☐ Brake Failure or Defective

☐ Tire Failure or Defective

☐ Headlight(s) Defective or Not On

☐ Other Lights Defective

☐ Steering Failure

☐ Window/Windshield Defective

☐ Oversize/Overweight Load

☐ Insecure/Leaky Load

☐ Tow Hitch Failure

☐ Other

☒ None

Environment Contributing Circumstances

☐ Glare

☐ Roadway Surface

☐ Holes/Ruts in Surface

☐ Shoulder Defective

☐ Road Under Construction

☐ Severe Crosswinds

☐ Obstruction Not Marked

☐ Lane Marking Obscured

☐ View Obstructed

☐ Animal/Object in Roadway

☐ Traffic Ctl Inop/Missing/Obscure

☐ Utility Work

☐ Other

☒ None

Local ID
201626607

Type of Crash

RIGHT ANGLE

Time Notified 7:09 PM	Time Arrived 7:10 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 06/24/2016	
Investigating Officer DOSSEY, J		ID No. 3158	Agency FISHERS PD	Reviewing Officer	

Narrative

On 06/24/2016, I, Officer Jonathan Dossey of the Fishers Police Department, responded to an accident at 116th Street and Windswept Drive in Fishers, Indiana.

D1 stated she was driving south on Windswept Dr to turn on east bound 116th St. D1 advised she was stopped at a stop sign. D1 witnessed D2 driving west bound on 116th St with its turn signal on. D1 believed D2 was going to turn down Windswept and entered the intersection. D2 struck V1.

D2 advised he was traveling west bound on 116th street. D2 stated he had his turn signal on to turn into a gas station, which was located west of D1. D2 stated D1 drove in front of him and D2 struck V1.

W1 stated he witnessed D1 at the stop sign on Windswept drive in front of D2. W1 said D2 struck V1.

A passenger of V1 was checked out by medics and cleared at the scene. She stated her ear was ringing and had a bruise on her face from the air bag deployment.

No other injuries reported.

V1 was towed by Garners Towing.

V2 was able to drive from the scene.

No audio or video available.

END// Ofc. Jonathan Dossey - 3158

UNIT INFORMATION

902729356

Page 3 of 5

Local ID
201626607

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED] DRIVE				Safety Equipment Effective? YES							
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 08/18/2000		Age 15		Gender FEMALE		EMS No.		Immed Attn NO		Driver Injury Status	
Driver's License# [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Certified Test ☐ Pending		Drug Results		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Veh# 1		Color MARCON		Vehicle Year 2008		Make CHRYSLER		Model TOWN & COUNTRY M		Style VN	
# Occupants 3		Lic Year 2016		License# [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 00		Insured By STATE FARM		Phone Number 3178494119		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
Vehicle Identification# [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED] DRIVE				FISH IN 46038				Emergency Run? Fire? NO			
Towed? YES		To GARNERS TOWING		By GARNERS TOWING		Due to Disabling Damage YES		Vehicle Type PASSENGER CAR/STATION WAGON			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		License#		Pre-Crash Vehicle Action ENTERING TRAFFIC LANE			
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Direction of Travel SOUTH	
License#		Address (Street, City, State, Zip) [REDACTED]		Veh Year		Make		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier			
HAZMAT Proper Shipping Name:		State DOT#		Commercial Vehicle: Carrier's Name and Address		US DOT#		ICC#		CMV Inspection	
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #		Event Collision With 1. ANOTHER MOTOR VEHICLE			

UNIT INFORMATION

902729356

Page 4 of 5

Local ID
201626607

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
MCCORDSVILLE IN 46055				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 07/04/1974		Age 41		Gender MALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 2		Color WHITE		Vehicle Year 2011		Make FORD		Model F250		Style TK	
# Occupants 1		Lic Year 2017		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 8007828332		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED]				MCCORDSVILLE IN 46055				Emergency Run? Fire? NO			
Towed? To NO By				Due to Disabling Damage				Vehicle Type PASSENGER CAR/STATION WAGON			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT			
License#		Address (Street, City, State, Zip) [REDACTED]		Lic State		Lic Year		Direction of Travel WEST			
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Commercial Vehicle: Carrier's Name and Address [REDACTED]				HAZMAT Proper Shipping Name: [REDACTED]				State DOT#			
US DOT#		ICC#		CMV Inspection		If Yes		Event Collision With 1. ANOTHER MOTOR VEHICLE			
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

NON-DRIVER INJURED INFORMATION

902729356

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Local ID
201626607

Injured Pre-crash Location: Veh# 1 INJURED			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT		
Name (Last, First, MI) [REDACTED]			Safety Equipment Effective? YES		
Address (Street, City, State, Zip) [REDACTED] E FISHERS IN 46038			Ejection/Trapped NOT EJECTED OR TRAPPED		
Date of Birth 01/27/2006			Age 10		Injury Status NON-INCAPACITATING -
Gender FEMALE			Nature of Most Severe Injury CONTUSION/BRUISE		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☒☐ ☐☐☐ ☐ Rear			Location of Most Severe Injury FACE		
			Test Given Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results PBT Certified Test ☐ Pending		Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No. Immed Attn Injury Status		
Date of Birth			Nature of Most Severe Injury		
Age			Location of Most Severe Injury		
Gender			Test Given Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Alcohol Results PBT Certified Test ☐ Pending		
			Drug Results		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No. Immed Attn Injury Status		
Date of Birth			Nature of Most Severe Injury		
Age			Location of Most Severe Injury		
Gender			Test Given Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Alcohol Results PBT Certified Test ☐ Pending		
			Drug Results		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No. Immed Attn Injury Status		
Date of Birth			Nature of Most Severe Injury		
Age			Location of Most Severe Injury		
Gender			Test Given Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Alcohol Results PBT Certified Test ☐ Pending		
			Drug Results		



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903065739

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Local ID

201753810

Date of Crash 12/20/2017	Day of Week Wed	Actual Local Time 5:57 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WINDSWEEP DR		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?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause					Vehicle Contributing Circumstances					Environment Contributing Circumstances					Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4				
☐	☐	☐	☐	Driver Contributing Circumstances	☐	☐	☐	☐	☐	☐	☐	☐	☐	Hit and Run	NO	
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	☐	☐	☐	☐	School Zone	NO	
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	Rumble Strips	NO	
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	Locality	URBAN	
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	☐	☐	☐	☐	Light Condition	DARK (LIGHTED)	
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	☐	☐	☐	☐	Weather Conditions	CLEAR	
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	☐	☐	☐	☐	☐	Surface Condition	DRY	
☒	☒	☒	☐	Failure to Yield	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Median		
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Roadway Junction	NO JUNCTION INVOLVED	
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	☐	☐	☐	☐	Road Character	STRAIGHT/LEVEL	
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	☐	☐	☐	☐	Roadway Surface	ASPHALT	
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	☐	☐	☐	☐	Construction	If Yes, Construction Type	
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	☐	☐	☐	☐	☐	NO		
☐	☐	☐	☐	Following Too Closely	☐	☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Devices	STOP SIGN	
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Device Operational?	NA	
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	☐	☐	☐	☐	Was this crash the result of aggressive driving?	NO	
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐			
☐	☐	☐	☐	None	☐	☐	☐	☐	☐	☐	☐	☐	☐			
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Local ID
201753810

Type of Crash

SAME DIRECTION SIDESWIPE

Time Notified 5:57 PM	Time Arrived 6:05 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 12/20/2017	
Investigating Officer TYLER, L		ID No. 3169	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver 1 stated she was stopped on a private drive facing southbound at the intersection of Windswept Dr. and E. 116th St. yielding to west and eastbound motorists. Driver 1 said she planned to turn westbound and after making sure motorists were not heading toward her from the east, she started to turn into the inside (left) line. Driver 1 stated Vehicle 2 failed to yield to her and turned into the same lane from the south. Driver 1 said the rear passenger's side quarter panel of Vehicle 2 struck her front driver's side quarter panel. Driver 1 wanted it known that she was turning right and Vehicle 2 was turning left. Driver 1 insisted she had the right-of-way. When asked, Driver 1 said she did not see Vehicle 2 until seconds before the collision and could not advise who arrived at the intersection first.

Driver 2 stated she was stopped facing northbound at the intersection of Windswept Dr. and E. 116th St. yielding to west and eastbound motorists. Driver 2 said while stopped, Vehicle 1 stopped facing southbound across from her on a private drive. Driver 2 said when she saw an opening to turn westbound onto E 116th St., she took it and added she had the right-of-way because she arrived at the intersection first. Driver 2 said she proceeded into the intersection and as she was completing her turn, Vehicle 1 turned in the same direction. Driver 2 said as soon as she completed her turn on E 116th St. in the left lane closest to her, Vehicle 1 came into her lane and struck her rear passenger's side quarter panel with its front driver's side quarter panel.

No one reported being injured and neither vehicle had to be towed from the scene. Vehicle 1 sustained damage to its front driver's side quarter panel. Vehicle 2 sustained damage to its rear passenger's side quarter panel.

UNIT INFORMATION

903065739

Page 3 of 4

Local ID
201753810

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
FISHERS IN 46040				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 11/04/1975		Age 42		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status					
Driver's License # 5340027657				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 1		Color SILVER		Vehicle Year 2015		Make BMW		Model X3		Style UT		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☒ ☐ ☐ Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2018		License # [REDACTED]		License State IN		Phone Number 8778 102920				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☒ ☐ ☐ Rear ☒ ☒ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver											
Address (Street, City, State, Zip) [REDACTED]															
FISHERS IN 46040															
Towed? To NO By				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)							
Lic State				Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Emergency Run?				Fire? NO	
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON							
Veh Year				Make						Pre-Crash Vehicle Action TURNING RIGHT					
Lic State				Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Direction of Travel WEST					
License#				Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
Commercial Vehicle: Carrier's Name and Address															
HAZMAT Proper Shipping Name:				State DOT#											
US DOT#				ICC#		CMV Inspection		If Yes		Event Collision With 1. ANOTHER MOTOR VEHICLE					
Gross Vehicle Weight Rating				Cargo Body Type											
HAZMAT Placard				HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #							

UNIT INFORMATION

903065739

Page 4 of 4

Local ID
201753810

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS									
Address (Street, City, State, Zip) [REDACTED] T				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 12/23/1985		Age 31		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony					
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color BLUE		Vehicle Year 2007		Make CHEVROLET		Model TAHOE		Style UT			
# Occupants 1		Lic Year 2018		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
# Axles 2		Speed Limit 40		Insured By GRANGE		Phone Number 5742693500		Front ☐ ☐ ☒ ☐ Rear ☐ ☐ ☐ ☐					
Vehicle Identification# [REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☐ ☒ ☒ Rear ☐ ☐ ☐					
Registered Owner's Name (Last, First, MI) [REDACTED]				Same as Driver ☐				Vehicle Use PERSONAL (FARM, COMPANY)					
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Emergency Run? Fire? NO					
Towed? To NO By				Due to Disabling Damage				Vehicle Type PASSENGER CAR/STATION WAGON					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		Same as Driver ☐		Pre-Crash Vehicle Action TURNING LEFT					
License#		Address (Street, City, State, Zip)		Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		Same as Driver ☐			
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		Same as Driver ☐			
License#		Address (Street, City, State, Zip)		Veh Year		Make		Direction of Travel WEST		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
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				Event Collision With 1. ANOTHER MOTOR VEHICLE					
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #							



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903232160

Local ID

Page 1 of 4

201844557

Date of Crash 10/03/2018	Day of Week Wed	Actual Local Time 7:30 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WINDSWEEP DR		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?	Crash Latitude		Crash Longitude						
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAWN/DUSK Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type 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: UNDER \$1001														
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									
Witness Other Participant Address etc. Phone # Location at Time of Crash					(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?									

Local ID

201844557

**Type of
Crash**

RIGHT ANGLE

Time Notified 7:30 PM	Time Arrived 7:33 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 10/03/2018	
Investigating Officer SIEG, Z		ID No. 3176	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver 1 stated that he was exiting onto 116th street and when he pulled out to turn a bicyclist struck his vehicle.

Bicyclist stated that she was traveling eastbound on the side walk on 116th street. She saw the truck and observed that he was back away from the road. She stated that he did not see her and pulled out. She stated she was not sure where she actually collided with the truck. She had abrasions on her shins and pain in her legs. She was transported by EMS to the hospital.

UNIT INFORMATION

903232160

Page 3 of 4

Local ID
201844557

1 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip)				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 12/02/1984		Age 53		Gender MALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color SIL		Vehicle Year 2007		Make CHEVROLET		Model SILVERADO		Style PK	
# Occupants 1		Lic Year 2019		License #		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
# Axles 2		Speed Limit 35		Insured By ERIE INSURANCE		Phone Number 3172721010		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☒ None ☐ Unknown		Front ☐ Rear ☐	
Vehicle Identification#				Consented Driver's Name (Last, First, MI) ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip)				Emergency Run?				Fire? NO			
FISHERS IN 46037				Vehicle Type PICKUP				Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC			
Towed? To NO By				Due to Disabling Damage				Direction of Travel SOUTH			
License#				Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Veh Year Make				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Event Collision With 1. BICYCLE			
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 #	

Local ID
201844557

Page 4 of 4

Page 770 of 1081

State Id
904119443

Local Id
202239304

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location E 116TH ST at intersection of WINDSWEPT DR		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 09/23/2022	Day of Week Friday	Crash Time 17:28	Date of Report 09/23/2022	Latitude 39.95773906
	Weather Condition CLEAR	Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES	Longitude -85.93964177
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment
					☐ Rumble Strips
Investigative Information	Time Notified 1732	Time Arrived 1746	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash: \$1001 TO \$2500
	Investigative Officer SMILEY, NICHOLAS	Agency FISHERS PD	ID Number 18-15		
	Reviewing Officer SMILEY, NICHOLAS	FISHERS PD	18-15		
	Assisting Officer				
	Assisting Officer				
Narrative	The following was written by SMILEY, NICHOLAS				
	On Friday, September 23, 2022 at 17:28, Smiley, Nicholas responded to a crash on E 116th St at intersection of Windswept Dr. At the time of the crash, the weather was Clear and the road surface was Dry.				
	Vehicle 1, Gray Nissan Altima, Turning left. Vehicle 2, Black Chevrolet Cruze, Going straight.				
	Driver of unit 1 told me that he was waiting to turn west bound out of the shopping complex. He said that he saw that unit 2 had his turn signal on and assumed he was turning. That is when he went and collided. Driver 2 stated that this was what had happened. No one involved complained of pain of injury.				
	End of report. Officer Nick Smiley 18-152 Fishers Police Department				

State Id
904119443Local Id
202239304

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Unit 1 Driver				Unit 2 Driver			
☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention				☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention			
Last Name		First		Last Name		First	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Address		DOB		Address		DOB	
[REDACTED]		10/03/2005		[REDACTED]		06/13/1994	
Age		Gender		Age		Gender	
16		M		28		M	
Lic Type		Lic State		Lic Type		Lic State	
OP		IN		OP		IN	
CDL Class				CDL Class			
Apparent Physical Status		Restrictions		Apparent Physical Status		Restrictions	
NORMAL		NONE		NORMAL		NONE	
Test Given		Type Given		Test Given		Type Given	
NONE				NONE			
Driver Injury Status		EMS Number		Driver Injury Status		EMS Number	
Nature of Most Severe Injury		Location of Most Severe Injury		Nature of Most Severe Injury		Location of Most Severe Injury	
Safety Equipment Used		Safety Equipment Effective		Safety Equipment Used		Safety Equipment Effective	
LAP BELT, SHOULDER BELT		YES		LAP BELT, SHOULDER BELT		YES	
Ejection/Trapped				Ejection/Trapped			
NOT EJECTED OR TRAPPED				NOT EJECTED OR TRAPPED			
If Cited		IC Codes		If Cited		IC Codes	
REDACTED		REDACTED					
Vehicle Information				Vehicle Information			
Veh #	Color	Veh Year	Occupants	Veh #	Color	Veh Year	Occupants
1	GRAY	2013	2	2	BLACK	2012	1
Make	Model	Initial Impact Area		Make	Model	Initial Impact Area	
NISSAN	ALTIMA	☐ Undercarriage		CHEVROLET	CRUZE	☐ Undercarriage	
Style		☐ Trailer		Style		☐ Trailer	
4-DOOR		☐ None		4-DOOR		☐ None	
Insured By		☐ Unknown		Insured By		☐ Unknown	
INDIANA FARM BUREAU				ALLSTATE, PROGRESSIVE			
Policy #	Ins Phone #			Policy #	Ins Phone #		
[REDACTED]	317-335-4448			[REDACTED]	8-405-1529		
VIN				VIN			
[REDACTED]				[REDACTED]			
Plate Number	Plate Exp Year	Plate State		Plate Number	Plate Exp Year	Plate State	
THJ169	2023	IN		EVV454	2022	IN	
Towed?	Towed Due to Disabling Damage?			Towed?	Towed Due to Disabling Damage?		
NO				NO			
Company Towed By	City Towed To	Fire?		Company Towed By	City Towed To	Fire?	
		NO				NO	
Vehicle Use	Event Collision With			Vehicle Use	Event Collision With		
PERSONAL (FARM, COMPANY)	ANIMAL DRAWN VEHICLE			PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		Emergency Run?	Type of Roadway	Roadway Character	
	MULTI-LANE W/CURB RAISED MEDIAN	STRAIGHT/LEVEL			MULTI-LANE W/CURB RAISED MEDIAN	STRAIGHT/LEVEL	
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized
SOUTH	TURNING LEFT	2		WEST	GOING STRAIGHT	2	
Speed Limit	Traffic Control Devices	Devices Operational?		Speed Limit	Traffic Control Devices	Devices Operational?	
40	STOP SIGN			40	STOP SIGN		
Owner Information				Owner Information			
Vehicle Owner's Name		Address (Street/City, State Zip)		Vehicle Owner's Name		Address (Street/City, State Zip)	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Commercial Vehicle Information				Commercial Vehicle Information			
Carrier's Name		Address (Street, City, State, Zip)		Carrier's Name		Address (Street, City, State, Zip)	
US DOT Number		CMV Inspection		US DOT Number		CMV Inspection	
HAZMAT Placard		HAZMAT Proper Shipping Name		HAZMAT Placard		HAZMAT Proper Shipping Name	
		HAZMAT Release of Cargo				HAZMAT Release of Cargo	
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

State Id
904119443

Local Id
202239304

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 3 of 4

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
Unit 2 :	
NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)	

Witnesses	☐ Witness ☒ Other Participant	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
	Name [REDACTED]	[REDACTED]	[REDACTED]	FRONT PASSENGER SEAT OF UNIT 1

State Id
904119443
Local Id
202239304

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Page 4 of 4

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904353409

Local Id
2023-42106

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]					
Crash Details	Location 116TH ST at intersection of WINDSWEPT DR			County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 09/21/2023	Day of Week Thursday	Crash Time 07:04 AM	Date of Report 09/21/2023	Latitude 39.95771490	Longitude -85.93885901
	Weather Condition CLEAR	Light Condition DARK (LIGHTED)		Locality URBAN	Inside Corporate Limits? YES	☐ School Zone
	Roadway Surface CONCRETE	Surface Condition DRY		Roadway Classification LOCAL/CITY ROAD		☐ Train or Rail Equipment
	☐ Construction Zone	Construction Type		Roadway Junction FOUR-WAY INTERSECTION	Railroad Crossing #	☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 0709	Time Arrived 0710	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO	
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed
	Investigative Officer DIETZ, ADAM		Agency FISHERS PD	ID Number 3165		
	Reviewing Officer DIETZ, ADAM		FISHERS PD	3165		
	Assisting Officer					
	Assisting Officer					
	Reconstruction Officer					
Narrative	The following was written by DIETZ, ADAM					
	On Thursday, September 21, 2023 at 07:04, Dietz, Adam responded to a crash on 116th St at intersection the of Windswept Dr and the road surface was Dry. Vehicle 1, White Ford F150, Entering traffic lane. Vehicle 2, White Chevrolet Malibu, Going straight. D1 advised he was exiting the lot from Dunkin Donuts southbound. He stopped at the stop sign and looked but did not see V2 before pulling into the roadway and causing the accident. D2 advised she was westbound in the left lane when V1 pulled out in front of her, causing the accident. Both vehicles experienced moderate front end damage with air bag deployment. Paddacks took both vehicles. End of Narrative Officer Adam Dietz - 3165					

State Id
904353409

Local Id
2023-42106

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

Indiana Officer's Standard Crash Report

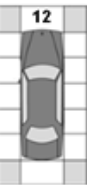
Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

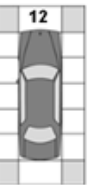
Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
[REDACTED]		[REDACTED]		P
Address		DOB	Age	Gender
[REDACTED]		03/03/1977	46	M
Driver's License Number		Lic Type	Lic State	CDL Class
[REDACTED]		OP	INDIANA	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
AIRBAG DEPLOYED, SHOULDER BELT		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			

Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	WHITE	2023	1	12
Make		Model		
FORD		F150		
Style		PICK-UP (TRUCKS)		
Insured By		OLD REPUBLIC		
Policy #	Ins Phone #		Areas of Damage	
[REDACTED]	[REDACTED]		11	
VIN	Plate Number		Plate Exp Year	Plate State
[REDACTED]	TK341NYA		2024	INDIANA
Towed?	Towed Due to Disabling Damage?		Damage to Roof	
YES	YES			
Company Towed By		City Towed To	Fire?	
PADDACKS TOWING		WESTFIELD	NO	
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	TWO LANES (TWO WAY)	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
SOUTH	ENTERING TRAFFIC LANE	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
15	STOP SIGN			

Owner Information	
Vehicle Owner's Name	Address (Street/City, State Zip)
[REDACTED]	[REDACTED]

Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
[REDACTED]		[REDACTED]		L
Address		DOB	Age	Gender
[REDACTED]		09/16/1978	45	F
Driver's License Number		Lic Type	Lic State	CDL Class
[REDACTED]		OP	INDIANA	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
AIRBAG DEPLOYED, SHOULDER BELT		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			

Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	WHITE	2023	1	12
Make		Model		
CHEVROLET		MALIBU		
Style		4-DOOR		
Insured By		SHELTER MUTUAL		
Policy #	Ins Phone #		Areas of Damage	
[REDACTED]	[REDACTED]		1	
VIN	Plate Number		Plate Exp Year	Plate State
[REDACTED]	739ADV		2024	INDIANA
Towed?	Towed Due to Disabling Damage?		Damage to Roof	
YES	YES			
Company Towed By		City Towed To	Fire?	
PADDACKS		WESTFIELD	NO	
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI-LANE W/CURB RAISED MEDIAN	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40	LANE CONTROL			

Owner Information	
Vehicle Owner's Name	Address (Street/City, State Zip)
[REDACTED]	[REDACTED]

Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904353409

Local Id
2023-42106

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 : NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
	Unit 2 : NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904353409

Local Id
2023-42106

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

Indiana Officer's Standard Crash Report

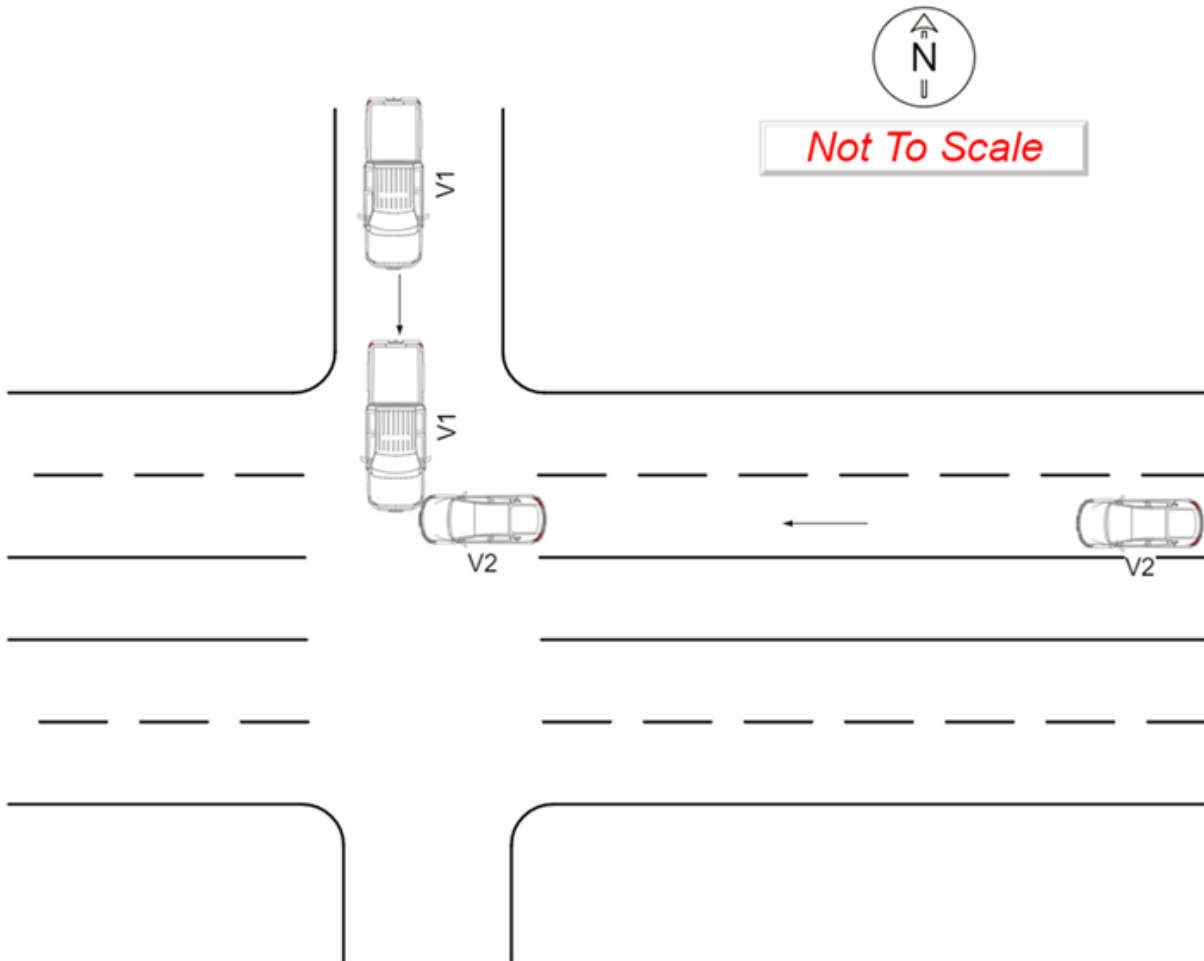
Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903339753

Page 1 of 4

Local ID

201910056

Date of Crash 03/15/2019	Day of Week Fri	Actual Local Time 7:35 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WINDSWEEP DR		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?	Crash Latitude		Crash Longitude						
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone YES Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: \$2501 TO \$5000														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

201910056

**Type of
Crash**

LEFT TURN

Time Notified 7:35 AM	Time Arrived 7:40 AM	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 03/15/2019	
Investigating Officer OWENS, C		ID No. 3115	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was turning WB onto E 116th st from NB Windswept Dr. D1 did not see V2, who was travelling WB on 116th st, causing V1 and V2 to collide with each other.

D2 stated that he was WB on 116th and did not even see V1. At first he thought he ran over a curb, but when he exited his vehicle he noticed V1 and the damage to his vehicle.

D1 had a stop sign and D2 did not.

No injuries reported on scene.

UNIT INFORMATION

903339753

Page 3 of 4

Local ID
201910056

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/17/1958		Age 60		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color SILVER		Vehicle Year 2015	
# Occupants 1		Lic Year 2019		License #	
# Axles 2		Speed Limit 40		Insured By ALLSTATE	
Veh#		Color		Vehicle Year	
1		SILVER		2015	
Make		Model		Style	
KIA MOTORS CORP		K90		4D	
License State		Phone Number		Initial Impact Area	
IN		8002557828		☐ Undercarriage	
				☐ Trailer	
				☐ None	
				☐ Unknown	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		Areas Damaged (Multiples)	
				☐ Undercarriage	
				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Vehicle Use	
Towed? To NO By		Due to Disabling Damage		PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run?	
				Fire?	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		NO	
License#		Address (Street, City, State, Zip)		Vehicle Type	
				PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action	
				TURNING LEFT	
Lic State		Lic Year		Direction of Travel	
				WEST	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Type of Primary/Secondary Roadway	
License#		Address (Street, City, State, Zip)		☐ One Way Road	
				☐ Two Lanes - Two Way	
Veh Year		Make		☒ Multi-Lane Divided (3 or more) - Two Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
Commercial Vehicle: Carrier's Name and Address				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
HAZMAT Proper Shipping Name:		State DOT#		☐ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
US DOT#		ICC#		☐ Private Drive ☐ Alley	
				☐ Multi-Lane w/ Cable Barrier ☐ Ramp	
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With	
				1. ANOTHER MOTOR VEHICLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
				Hazard Class #	

UNIT INFORMATION

903339753

Page 4 of 4

Local ID
201910056

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS									
Address (Street, City, State, Zip) [REDACTED] CT				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 04/14/1996		Age 22		Gender MALE		EMS No.		Injured Attn		Driver Injury Status			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color BLACK		Vehicle Year 2019		Make TOYOTA		Model TACOMA		Style PK			
# Occupants 1		Lic Year 2019		License # [REDACTED]		License State IN							
# Axles 2		Speed Limit 40		Insured By NATIONWIDE		Phone Number 8004213535							
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
Towed? To NO By				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)					
Lic State				Lic Year				Emergency Run?					
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				License#				Fire? NO					
Address (Street, City, State, Zip) [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON									
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT					
Lic State				Lic Year				Direction of Travel WEST					
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				License#				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier					
Address (Street, City, State, Zip) [REDACTED]				Veh Year				Two Lanes - Two Way Multi-Lane Divided (3 or more) - Two Way Multi-Lane Undivided Two Way Left Turn Multi-Lane Undivided (3 or more) - Two Way Multi-Lane w/ Concrete Barrier Multi-Lane w/ Metal Guardrail Median Private Drive Alley Ramp					
Commercial Vehicle: Carrier's Name and Address				HAZMAT Proper Shipping Name:				State DOT#					
US DOT#				ICC#				CMV Inspection					
Gross Vehicle Weight Rating				Cargo Body Type				Event Collision With 1. ANOTHER MOTOR VEHICLE					
HAZMAT Placard				HAZMAT Release of Cargo				HAZMAT 4-Digit ID#					
Hazard Class #													



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903684928

Page 1 of 4

Local ID

202040170

Date of Crash 10/29/2020	Day of Week Thu	Actual Local Time 7:39 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WINDSWEEP DR		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?		Crash Latitude		Crash Longitude
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	YES
☐	☐	☐	☐	☐	☐	☐	☐	School Zone	NO
☐	☐	☐	☐	☐	☐	☐	☐	Rumble Strips	NO
☐	☐	☐	☐	☐	☐	☐	☐	Locality	URBAN
☐	☐	☐	☐	☐	☐	☐	☐	Light Condition	DARK (NOT LIGHTED)
☐	☐	☐	☐	☐	☐	☐	☐	Weather Conditions	RAIN
☐	☐	☐	☐	☐	☐	☐	☐	Surface Condition	WET
☐	☐	☐	☐	☐	☐	☐	☐	Type of Median	
☐	☐	☐	☐	☐	☐	☐	☐	Type of Roadway Junction	FOUR-WAY INTERSECTION
☐	☐	☐	☐	☐	☐	☐	☐	Road Character	STRAIGHT/LEVEL
☐	☐	☐	☐	☐	☐	☐	☐	Roadway Surface	ASPHALT
☐	☐	☐	☐	☐	☐	☐	☐	Construction	If Yes, Construction Type
☐	☐	☐	☐	☐	☐	☐	☐	NO	
☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Devices	STOP SIGN
☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Device Operational?	NA
☐	☐	☐	☐	☐	☐	☐	☐	Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash:

\$2501 TO \$5000

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

Local ID

202040170

**Type of
Crash**

RIGHT ANGLE

Time Notified 7:43 AM	Time Arrived 7:47 AM	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 10/29/2020	
Investigating Officer DRUELINGER, W		ID No. 3065	Agency FISHERS PD	Reviewing Officer	

Narrative

D2 STATED HE WAS WB ON E. 116TH STREET WHEN ANOTHER UNKNOWN VEHICLE FAILED TO YIELD THE RIGHT OF WAY AND TURNED LEFT OFF OF WINDSWEEP DR DIRECTLY IN FRONT OF D2. D2 STATED IT WAS AT THIS TIME THAT V1 STRUCK HIS VEHICLE CAUSING DAMAGE TO THE FRONT AND DRIVER'S SIDE OF HIS CAR. D2 STATED HE WAS ABLE TO PULL OFF INTO A PARKING LOT HOWEVER THE VEHICLE, A BLACK PASSENGER CAR, CONTINUED ON WITHOUT STOPPING. A SEARCH OF THE AREA DID NOT LOCATE THE VEHICLE, THEREFORE THERE IS LIMITED INFORMATION ABOUT IT.

UNIT INFORMATION

Local ID
202040170

903684928

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Driver's Name (Last, First, MI)				Safety Equipment Used			
Address (Street, City, State, Zip)				Safety Equipment Effective?			
				Ejection/Trapped			
Date of Birth		Age		Gender		EMS No.	
						Injured Attn	
						Driver Injury Status	
Driver's License #			Lic Type	CDL Class	Lic State	Nature of Most Severe Injury	
Apparent Physical Status			Restrictions			Location of Most Severe Injury	
☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown			☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment			☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given		Type Given					
		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results				Drug Results			
PBT				Certified Test ☐ Pending			
Veh#		Color		Vehicle Year		Make	
1		BLACK		0000		UNKNOWN	
Model		Style					
UNKNOWN		4D					
# Occupants		Lic Year		License #		License State	
00		0000		UNKNOWN			
# Axles		Speed Limit		Insured By		Phone Number	
2		40		UNKNOWN		000000000	
Vehicle Identification# UNKNOWN							
Registered Owner's Name (Last, First, MI)				☐ Same as Driver			
Address (Street, City, State, Zip)							
Towed? To				Due to Disabling Damage			
By							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver			
License#				Address (Street, City, State, Zip)			
Veh Year		Make					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver			
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 #	
Safety Equipment Used							
Safety Equipment Effective?							
Ejection/Trapped							
Nature of Most Severe Injury							
Location of Most Severe Injury							
If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony							
IC Codes							
Initial Impact Area							
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown							
Front ☒ ☐ ☐ Rear							
Areas Damaged (Multiples)							
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown							
Front ☒ ☐ ☐ Rear							
Vehicle Use							
PERSONAL (FARM, COMPANY)							
Emergency Run?						Fire?	
						NO	
Vehicle Type							
UNKNOWN TYPE							
Pre-Crash Vehicle Action							
TURNING LEFT							
Direction of Travel							
NORTH							
Type of Primary/Secondary Roadway							
☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier							
☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
Event Collision With							
1. ANOTHER MOTOR VEHICLE							

UNIT INFORMATION

903684928

Page 4 of 4

Local ID
202040170

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS																	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES																	
GREENFIELD IN 46140				Ejection/Trapped NOT EJECTED OR TRAPPED																	
Date of Birth 05/27/1990		Age 30		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status											
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury											
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury													
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes									
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results													
Veh# 2		Color BLUE		Vehicle Year 2013		Make CHEVROLET		Model CRUZE		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒		Rear ☐ ☐ ☐					
# Occupants 1		Lic Year 2020		License # [REDACTED]		License State IN		# Axles 2		Speed Limit 40		Insured By FARM BUREAU		Phone Number 3174629255		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☒		Rear ☐ ☐ ☒	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)									
GREENFIELD IN 46140				Towed? To NO By				Due to Disabling Damage				Emergency Run? NO				Fire? NO					
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON				Pre-Crash Vehicle Action GOING STRAIGHT									
Veh Year				Make				Direction of Travel WEST				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp				Commercial Vehicle: Carrier's Name and Address					
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 #															

State Id
904442622

Local Id
2024-5210

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]					
Crash Details	Location 116TH STREET at intersection of WINDSWEPT DRIVE			County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 02/01/2024	Day of Week Thursday	Crash Time 07:12 AM	Date of Report 02/01/2024	Latitude 39.95772212	Longitude -85.93894510
	Weather Condition CLEAR	Light Condition DARK (LIGHTED)		Locality URBAN	Inside Corporate Limits? YES	☐ School Zone
	Roadway Surface ASPHALT	Surface Condition WET		Roadway Classification LOCAL/CITY ROAD		☐ Train or Rail Equipment
	☐ Construction Zone	Construction Type		Roadway Junction FOUR-WAY INTERSECTION	Railroad Crossing #	☐ Rumble Strips
						☐ Deer ☐ Underride crash
Investigative Information	Time Notified 0716	Time Arrived 0718	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO	
	Type of Crash SAME DIRECTION SIDESWIPE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed
	Investigative Officer THOMPSON, ROB		Agency FISHERS PD	ID Number 3069		
	Reviewing Officer THOMPSON, ROB		FISHERS PD	3069		
	Assisting Officer					
	Assisting Officer					
Reconstruction Officer						
Narrative	The following was written by THOMPSON, ROB					
	On Thursday, February 1, 2024 at 07:12, Rob Thompson, responded to a crash on 116th Street at intersection the of Windswept Drive and the road surface was wet. Vehicle 1, Silver\Aluminum Subaru Forester, Turning right. Vehicle 2, Silver\Aluminum Honda Odyssey, Turning left. D1 stated she was turning right out of the parking lot. D1 stated as she made her turn her vehicle stuck V2 as it was turning west on 116th Street. D2 stated she was turning left from Windswept Drive . D2 stated V1 stuck her vehicle as she was westbound on 116th Street.					

State Id
904442622

Local Id
2024-5210

Created on 2/1/2024 8:02:18 AM
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Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
Driver's License Number		Lic Type	Lic State	CDL Class
Apparent Physical Status		Restrictions		
Test Given		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
If Cited		IC Codes		

Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	SILVER/ALU	2015	2	11
Make	Model			
SUBARU	FORESTER			
Style				
4-DOOR				
Insured By				
STATE FARM				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To	Fire?		
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
Speed Limit	Traffic Control Devices	Devices Operational?		

Owner Information	
Vehicle Owner's Name	Address (Street/City, State Zip)

Commercial Vehicle Information			
Carrier's Name		Address (Street, City, State, Zip)	
US DOT Number	CMV Inspection		
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo	
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
Driver's License Number		Lic Type	Lic State	CDL Class
Apparent Physical Status		Restrictions		
Test Given		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
If Cited		IC Codes		

Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	SILVER/ALU	2007	1	5
Make	Model			
HONDA	ODYSSEY			
Style				
VAN				
Insured By				
ERIE				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To	Fire?		
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
Speed Limit	Traffic Control Devices	Devices Operational?		

Owner Information	
Vehicle Owner's Name	Address (Street/City, State Zip)

Commercial Vehicle Information			
Carrier's Name		Address (Street, City, State, Zip)	
US DOT Number	CMV Inspection		
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo	
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

State Id
904442622

Local Id
2024-5210

Created on 2/1/2024 8:02:18 AM
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Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 3 of 4

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
	Unit 2 :
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904442622

Local Id
2024-5210

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902392719

Local ID

Page

1

of

4

20156279

Date of Crash 02/12/2015	Day of Week Thu	Actual Local Time 9:19 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																																										
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WINDSWEEP DR		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?		Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																																										
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																																													
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Alcoholic Beverages</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Illegal Drugs</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Prescription Drugs</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Asleep or Fatigued</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Illness</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Speed</td></tr><tr><td>☒</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td><td>Failure to Yield</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Disregard Signal</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Left of Center</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Passing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Turning</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Lane Usage</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Following Too Closely</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Backing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Overcorrecting</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Ran off Road</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Wrong Way on One Way</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Pedestrian's Action</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Passenger Distraction</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Restriction Violation</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Jackknifing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Cell Phone Usage</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other Telematics</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Distracted</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Speed/Weather Conditions</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Lane Movement</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td><td>None</td></tr></table> Vehicle Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Engine Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Accelerator Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Brake Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tire Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Headlight(s) Defective or Not On</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other Lights Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Steering Failure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Window/Windshield Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Oversize/Overweight Load</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Insecure/Leaky Load</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tow Hitch Failure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td><td>None</td></tr></table> Environment Contributing Circumstances <table 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Condition WET Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/GRADE Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices LANE CONTROL Traffic Control Device Operational? 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Local ID

20156279

**Type of
Crash**

LEFT TURN

Time Notified 9:19 AM	Time Arrived 9:19 AM	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 02/12/2015	
Investigating Officer BAKER, D		ID No. 3113	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was pulling out of the Promise Church parking lot to turn east on 116th St. D1 stated she did not see V2 traveling westbound. V1 collided with V2.

D2 stated she was driving westbound on 116th Street approaching Windswept Drive. D2 stated that V1 pulled out in front of her vehicle and she did not have time to stop or swerve. V1 hit the front of her vehicle.

No injuries were reported.

V1 was towed from the scene by Millers Towing.

UNIT INFORMATION

902392719

Page 3 of 4

Local ID
20156279

Driver's Name (Last, First, MI) 1 [REDACTED] L				Safety Equipment Used [REDACTED]													
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective YES													
MCCORDSVILLE IN 46055				Ejection/Trapped NOT EJECTED OR TRAPPED													
Date of Birth 05/28/1971		Age		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status							
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury							
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury									
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes					
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results									
Veh# 1		Color BLU		Vehicle Year 2015		Make TOYOTA		Model RAV4		Style 4W		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒		Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2015		License # [REDACTED]		License State IN		Phone Number 3177761500				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☒		Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Address (Street, City, State, Zip) [REDACTED]									
MCCORDSVILLE IN 46055-9514												Vehicle Use PERSONAL (FARM, COMPANY)					
Towed? To YES By MILLERS TOWING		Due to Disabling Damage YES		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Emergency Run?		Fire? 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) [REDACTED] ☐ Same as Driver		Pre-Crash Vehicle Action TURNING LEFT							
License#		Address (Street, City, State, Zip)		Veh Year		Make				Direction of Travel SOUTH							
Commercial Vehicle: Carrier's Name and Address												Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type															
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #											

UNIT INFORMATION

902392719

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Local ID
20156279

Driver's Name (Last, First, MI) 2 [REDACTED], E				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 03/16/1981		Age		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results				Initial Impact Area			
Veh# 2		Color RED		Vehicle Year 2010		Make LEXUS		Model GS 350		Style 4D		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
# Occupants 1		Lic Year 2015		License # [REDACTED]		License State IN		# Axles 2		Speed Limit 40		Insured By AAA		Phone Number 8662098442	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Address (Street, City, State, Zip) [REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FISHERS IN 46037-8146				Towed? To NO By				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)			
License#				Address (Street, City, State, Zip)				Emergency Run?				Fire? NO			
Veh Year				Make				Vehicle Type PASSENGER CAR/STATION WAGON				Pre-Crash Vehicle Action GOING STRAIGHT			
License#				Address (Street, City, State, Zip)				Direction of Travel WEST				Type of Primary/Secondary Roadway			
Veh Year				Make				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type													
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #									

State Id
904181251

Local Id
2022-51421

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

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FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location E 116TH ST at intersection of SAND CREEK BLVD		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 12/23/2022	Day of Week Friday	Crash Time 12:24	Date of Report 12/23/2022	Latitude 39.95715513
	Weather Condition BLOWING SAND/SOIL/SNOW		Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition ICE	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment
					☐ Rumble Strips
Investigative Information	Time Notified 1225	Time Arrived 1238	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash REAR END	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash: \$5001 TO \$10000
	Investigative Officer RIDLEN, ALEX	Agency FISHERS PD	ID Number 3224		
	Reviewing Officer				
	Assisting Officer				
	Assisting Officer				
Narrative	The following was written by RIDLEN, ALEX				
	D1 advised he was turning westbound onto 116th Street from Sandcreek Blvd. when V2 approached westbound and struck V1 causing damage to V1's rear passenger side. D2 advised he was westbound on 116th Street when V1 turned onto 116th St in front of him and V2 struck V1 causing damage to V2's front driver side. V2 then struck a curb causing damage to the rear passenger side.				

State Id
904181251

Local Id
2022-51421

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
		11/23/1998	24	M
Driver's License Number		Lic Type	Lic State	CDL Class
		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
LAP BELT, SHOULDER BELT			NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	SILVER/ALU	2004	1	
Make	Model			
HONDA	ACCORD			
Style				
4-DOOR				
Insured By				
NO INSURANCE				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
		IN		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To		Fire?	
			NO	
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE			
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI LANE UNDIVIDED 2-WAY LEFT (TWO-WAY)	STRAIGHT/GRADE		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
SOUTH	TURNING RIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40	LANE CONTROL			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
		09/13/1989	33	M
Driver's License Number		Lic Type	Lic State	CDL Class
		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
LAP BELT, SHOULDER BELT		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	GRAY	2021	1	
Make	Model			
TOYOTA	SIENNA			
Style				
4-DOOR				
Insured By				
STATE FARM				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
		IN		
Towed?	Towed Due to Disabling Damage?			
YES	YES			
Company Towed By	City Towed To		Fire?	
PADDACKS	NOBLESVILLE		NO	
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE, CURB			
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI LANE UNDIVIDED 2-WAY LEFT (TWO-WAY)	STRAIGHT/GRADE		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40	LANE CONTROL			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904181251

Local Id
2022-51421

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 3 of 4

Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 : NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,ROADWAY SURFACE CONDITION,SEVERE CROSSWINDS
	Unit 2 : NONE (VEHICLE),NONE (DRIVER),ROADWAY SURFACE CONDITION,SEVERE CROSSWINDS

State Id
904181251

Local Id
2022-51421

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904425539

Local Id
2024-709

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location 116TH at intersection of SAND CREEK BLVD		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 01/06/2024	Day of Week Saturday	Crash Time 04:20 AM	Date of Report 01/06/2024	Latitude 39.95713087
	Weather Condition BLOWING SAND/SOIL/SNOW		Light Condition DARK (NOT LIGHTED)	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition SNOW/SLUSH		Roadway Classification LOCAL/CITY ROAD	
	☐ Construction Zone	Construction Type		Roadway Junction NO JUNCTION INVOLVED	Railroad Crossing #
					☐ School Zone ☐ Train or Rail Equipment ☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 0420	Time Arrived 0430	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash HEAD-ON BETWEEN TWO MOTOR VEHICLES	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☒ Photos taken
			☐ Reconstruction Performed	Total Estimate of all damage in Crash: \$25001 TO \$50000	
	Investigative Officer APP, LEVI	Agency FISHERS PD		ID Number 3237	
	Reviewing Officer				
	Assisting Officer GRAHAM	FISHERS PD			
Reconstruction Officer					
Narrative	The following was written by APP, LEVI				
	On Saturday, January 6, 2024 at 04:20, APP, LEVI responded to a crash on 116TH at intersection the of SAND CREEK BLVD and the road surface was Snow/Slush.				
	Vehicle 1, Blue Honda Civic, Turning left. Vehicle 2, White Mercedesbenz Gleclass, Going straight.				
	Driver 1 advised he was travelling east on 116th street and attempted to turn left. He stated that he saw vehicle 2 coming and turned in front of it however he believed that vehicle 2 was speeding.				
	Driver 2 stated that she was travelling west on 116th street when a vehicle that was travelling east (car 1) attempted to turn left onto Sandcreek Blvd directly in front of her.				
	Base off my observation of the collision accompanied with the dash camera footage from vehicle 2, it is apparent that vehicle 1 attempted to turn left into oncoming traffic directly in front of vehicle 2 thus resulting in the accident. Driver of vehicle 1 was suspected of operating under the influence and refused standardized field sobriety testing and preliminary breath test. Driver 1 was taken into custody and a warrant was obtained to draw blood for an OWI investigation. Results are pending. Alcohol is believed to be a factor.				

State Id
904425539

Local Id
2024-709

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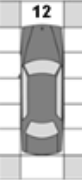
Indiana Officer's Standard Crash Report

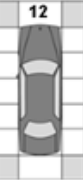
Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☒ Aggressive Driving	☐ Immediate Medical Attention
Last Name [REDACTED]		First [REDACTED]		Middle B
Address [REDACTED]		DOB 04/19/1956	Age 67	Gender M
Driver's License Number [REDACTED]		Lic Type OP	Lic State INDIANA	CDL Class
Apparent Physical Status HAD BEEN DRINKING		Restrictions CORRECTIVE LENSES		
Test Given REFUSED		Type Given BLOOD, OTHER - EXPLAIN IN NARRATIVE		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used AIRBAG DEPLOYED		Safety Equipment Effective YES	Ejection/Trapped NOT EJECTED OR TRAPPED	
If Cited MISDEMEANOR	IC Codes 9-30-5-2(A)			
Vehicle Information				
Veh # 1	Color BLUE	Veh Year 2010	Occupants 1	Initial Impact Area 12 
Make HONDA		Model CIVIC		☐ Undercarriage
Style 4-DOOR				☐ Trailer
Insured By PROGRESSIVE				☐ None
Policy # [REDACTED]		Ins Phone # [REDACTED]		☐ Unknown
VIN [REDACTED]				☐ Damage to Roof
Plate Number [REDACTED]		Plate Exp Year 2023	Plate State INDIANA	Areas of Damage 12 
Towed? YES	Towed Due to Disabling Damage? YES			
Company Towed By INTERSTATE DELEWARE SOUTH		City Towed To INTERSTATE DELEWARE SOUTH		Fire? NO
Vehicle Use PERSONAL (FARM, COMPANY)		Event Collision With ANOTHER MOTOR VEHICLE, SEPARATION OF UNITS		
Emergency Run?	Type of Roadway MULTI-LANE UNDIVIDED 2-WAY LEFT (TWOWAY)	Roadway Character STRAIGHT/LEVEL		
Direction of Travel NORTH	Pre-Crash Vehicle Action TURNING LEFT	# of Axes 2	☐ Oversized	
Speed Limit 40	Traffic Control Devices NONE	Devices Operational?		
Owner Information				
Vehicle Owner's Name [REDACTED]		Address (Street/City, State Zip) [REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name [REDACTED]		First [REDACTED]		Middle
Address [REDACTED]		DOB 01/26/1993	Age 30	Gender F
Driver's License Number [REDACTED]		Lic Type OP	Lic State INDIANA	CDL Class
Apparent Physical Status NORMAL		Restrictions CORRECTIVE LENSES		
Test Given NONE		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used AIRBAG DEPLOYED		Safety Equipment Effective YES	Ejection/Trapped NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh # 2	Color WHITE	Veh Year 2022	Occupants 1	Initial Impact Area 12 
Make MERCEDES BENZ		Model GLECLASS		☐ Undercarriage
Style UTILITY (SUV)				☐ Trailer
Insured By ALLSTATE				☐ None
Policy # [REDACTED]		Ins Phone # [REDACTED]		☐ Unknown
VIN [REDACTED]				☐ Damage to Roof
Plate Number [REDACTED]		Plate Exp Year 2024	Plate State INDIANA	Areas of Damage 12 
Towed? YES	Towed Due to Disabling Damage? YES			
Company Towed By GARNERS		City Towed To GARNERS		Fire? NO
Vehicle Use PERSONAL (FARM, COMPANY)		Event Collision With ANOTHER MOTOR VEHICLE, SEPARATION OF UNITS		
Emergency Run?	Type of Roadway MULTI-LANE UNDIVIDED 2-WAY LEFT (TWOWAY)	Roadway Character STRAIGHT/LEVEL		
Direction of Travel WEST	Pre-Crash Vehicle Action GOING STRAIGHT	# of Axes 2	☐ Oversized	
Speed Limit 40	Traffic Control Devices NONE	Devices Operational?		
Owner Information				
Vehicle Owner's Name [REDACTED]		Address (Street/City, State Zip) [REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904425539

Local Id
2024-709

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Indiana Officer's Standard Crash Report

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),ALCOHOLIC BEVERAGES,FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
Factors	Unit 2 :
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904425539

Local Id
2024-709

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902384090

Local ID

Page

1

of

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20154543

Date of Crash 01/31/2015	Day of Week Sat	Actual Local Time 3:23 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																																																																										
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange SAND CREEK 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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																																																											
Driver #1		Driver #2		Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																																																													
<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Driver Contributing Circumstances</td><td></td><td></td><td></td><td></td></tr><tr><td>Alcoholic Beverages</td><td></td><td></td><td></td><td></td></tr><tr><td>Illegal Drugs</td><td></td><td></td><td></td><td></td></tr><tr><td>Prescription Drugs</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Asleep or Fatigued</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Illness</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Speed</td><td></td><td></td><td></td><td></td></tr><tr><td>Failure to Yield</td><td></td><td></td><td></td><td></td></tr><tr><td>Disregard Signal</td><td></td><td></td><td></td><td></td></tr><tr><td>Left of Center</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Passing</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather Conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Lane Movement</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances					Alcoholic Beverages					Illegal Drugs					Prescription Drugs					Driver Asleep or Fatigued					Driver Illness					Unsafe Speed					Failure to Yield					Disregard Signal					Left of Center					Improper Passing					Improper Turning					Improper Lane Usage					Following Too Closely					Unsafe Backing					Overcorrecting					Ran off Road					Wrong Way on One Way					Pedestrian's Action					Passenger Distraction					Restriction Violation					Jackknifing					Cell Phone Usage					Other Telematics					Driver Distracted					Speed/Weather Conditions					Unsafe Lane Movement					Other					None					<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Vehicle Contributing Circumstances</td><td></td><td></td><td></td><td></td></tr><tr><td>Engine Failure or Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Accelerator Failure or Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Brake Failure or Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Tire Failure or Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Headlight(s) Defective or Not On</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Lights Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Steering Failure</td><td></td><td></td><td></td><td></td></tr><tr><td>Window/Windshield Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Oversize/Overweight Load</td><td></td><td></td><td></td><td></td></tr><tr><td>Insecure/Leaky Load</td><td></td><td></td><td></td><td></td></tr><tr><td>Tow Hitch 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Local ID

20154543

**Type of
Crash**

LEFT TURN

Time Notified 3:26 PM	Time Arrived 3:30 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 01/31/2015	
Investigating Officer MARSH, T		ID No. 3062	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver # 1 stated he was east bound on 116th Street and a black Ford Rapture pickup truck (IN plate BY2813) was following him too closely and at one point got in front of him and slammed on his brakes and almost caused a collision. Driver # 1 reported that as he got in the left turn lane to Sand Creek Blvd., the black Ford stopped next to him in the left travel lane and began shouting out his window while traffic backed up behind him. Driver # 1 then proceeded to turn left onto Sand Creek Blvd at which point he collided with the driver's side rear corner of vehicle # 2. Driver # 1 did not report any injuries. Vehicle # 1 sustained moderate driver's side front corner damage and was towed to the Fishes Towing lot by Fishers Towing personnel.

Driver # 2 stated he was west bound on 116th Street when he observed vehicle # 1 stopped in the east bound left turn land and a black Ford Rapture pickup truck stopped in the east bound left travel lane. Driver # 2 observed the driver of the black Ford with his head stuck out his window shouting at the driver of vehicle # 1. Drive # 2 reported that he observed vehicle # 1 make a left turn suddenly in front of him. Driver # 2 stated he attempted to swerve but could not avoid colliding with vehicle # 1 Driver # 2 did not report any injuries. Vehicle # 2 sustained minor rear bumper damage and damage to the driver's side rear tire and rim.

UNIT INFORMATION

902384090

Page 3 of 4

Local ID
20154543

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
INDIANAPOLIS		IN 46250		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 04/28/1971		Age 43		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color SILVER		Vehicle Year 2014	
Make Kia Motors		Model OPTIMA		Style 4D	
# Occupants 1		Lic Year 2015		License #	
License State IN		Phone Number 3178632173			
# Axles 2		Speed Limit 40		Insured By STATE FARM	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
INDIANAPOLIS		IN 46250		☐ None	
Towed? To YES By FISHERS TOWING LOT		Due to Disabling Damage YES		☐ Unknown	
Lic State IN		Lic Year 2015		Areas Damaged (Multiples)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☒ Undercarriage	
License #		Address (Street, City, State, Zip)		☐ Trailer	
Veh Year 2014		Make Kia Motors		☐ None	
Lic State IN		Lic Year 2015		☐ Unknown	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Vehicle Use	
License #		Address (Street, City, State, Zip)		PERSONAL (FARM, COMPANY)	
Veh Year 2014		Make Kia Motors		Emergency Run?	
Lic State IN		Lic Year 2015		Fire? NO	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Vehicle Type	
License #		Address (Street, City, State, Zip)		PASSENGER CAR/STATION WAGON	
Veh Year 2014		Make Kia Motors		Pre-Crash Vehicle Action	
Lic State IN		Lic Year 2015		TURNING LEFT	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Direction of Travel	
License #		Address (Street, City, State, Zip)		EAST	
Veh Year 2014		Make Kia Motors		Type of Primary/Secondary Roadway	
Lic State IN		Lic Year 2015		☐ One Way Road	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Two Lanes - Two Way	
License #		Address (Street, City, State, Zip)		☐ One Lane - One Way	
Veh Year 2014		Make Kia Motors		☐ Two Lanes - One Way	
Lic State IN		Lic Year 2015		☐ Multi-Lanes (3 or more) - One Way	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Multi-Lane Divided (3 or more) - Two Way	
License #		Address (Street, City, State, Zip)		☐ Multi-Lane Undivided Two Way Left Turn	
Veh Year 2014		Make Kia Motors		☐ Multi-Lane Undivided (3 or more) - Two Way	
Lic State IN		Lic Year 2015		☐ Multi-Lane w/ Grass Median Only	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Multi-Lane w/ Concrete Barrier	
License #		Address (Street, City, State, Zip)		☒ Multi-Lane w/ Center Turn Lane	
Veh Year 2014		Make Kia Motors		☐ Multi-Lane w/ Curb Raised Median	
Lic State IN		Lic Year 2015		☐ Private Drive	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Alley	
License #		Address (Street, City, State, Zip)		☐ Multi-Lane w/ Cable Barrier	
Veh Year 2014		Make Kia Motors		☐ Ramp	
Lic State IN		Lic Year 2015		Event Collision With	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		1. ANOTHER MOTOR VEHICLE	
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia Motors			
Lic State IN		Lic Year 2015			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2014		Make Kia			

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2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/29/1985		Age 49		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color SILVER		Vehicle Year 2014	
# Occupants 2		Lic Year 2015		License #	
# Axles 1		Speed Limit 40		Insured By GEICO	
Vehicle Identification #		Model Jeep (post 1988)		Style UT	
Registered Owner's Name (Last, First, MI)		License State IN		Phone Number 8008413000	
Zip					
FISHERS		IN 46037		Initial Impact Area	
Towed? To NO		Due to Disabling Damage		☐ Undercarriage	
By				☐ Trailer	
Lic State		Registered Owner's Name (Last, First, MI)		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Areas Damaged (Multiples)	
Lic State		Registered Owner's Name (Last, First, MI)		☐ Undercarriage	
License#		Address (Street, City, State, Zip)		☐ Trailer	
Veh Year		Make		☐ None	
Commercial Vehicle: Carrier's Name and Address				☐ Unknown	
HAZMAT Proper Shipping Name:		State DOT#		Vehicle Use	
US DOT#		ICC#		PERSONAL (FARM, COMPANY)	
CMV Inspection		If Yes		Emergency Run?	
Gross Vehicle Weight Rating		Cargo Body Type		Fire?	
HAZMAT Placard		HAZMAT Release of Cargo		NO	
HAZMAT 4-Digit ID#		Hazard Class #		Vehicle Type	
				SPORT UTILITY VEHICLE	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				WEST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☒ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

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Date of Crash 07/11/2018	Day of Week Wed	Actual Local Time 5:53 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Door 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange SAND CREEK BLVD		If not an intersection, number of feet from 25	Direction N	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2			Driver #3		Driver #4		
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctrl Inop/Missing/Obscure Utility Work Other None									
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				
☐ Witness # Name ☐ Other Participant					(Last Name, First Name, MI)				
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name ☐ Other Participant					Cited?	Direction			
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

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Type of Crash

SAME DIRECTION SIDESWIPE

Time Notified 5:53 PM	Time Arrived 6:05 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 07/11/2018	
Investigating Officer STREET, C		ID No. 3172	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that he was driving west on 116th street approaching Sand Creek Blvd. He stated that he was in the far right lane. D1 stated that D2 pulled out in front of him and he struck her vehicle.

D2 stated that she was on Sand Creek Blvd preparing to turn onto 116th Street. D2 stated that as she pulled out into the far right lane, D1 switched lanes from left to right, striking her vehicle.

It is not known who is at fault.

END NARRATIVE

C. Street 3172

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1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
INDIANAPOLIS IN 46222				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 09/17/1984		Age 33		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License #			Lic Type NL		CDL Class		Lic State IN		Nature of Most Severe Injury		
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown			Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment			☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			Location of Most Severe Injury		
Test Given NONE			Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			If Cited? ☒ Infraction ☐ Misdemeanor ☐ Felony			IC Codes 9-24-19-1		
Alcohol Results PBT			Certified Test ☐ Pending			Drug Results			Initial Impact Area		
Veh# 1		Color BLUE		Vehicle Year 1998		Make FORD		Model F150		Style PK	
# Occupants 2		Lic Year 2019		License # [REDACTED]		License State IN		Phone Number 3173296500		Initial Impact Area	
# Axles 2		Speed Limit 40		Insured By VELOX INSURANCE		Phone Number 3173296500		Initial Impact Area		Initial Impact Area	
Vehicle Identification# [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				Initial Impact Area			
Address (Street, City, State, Zip) [REDACTED]				INDIANAPOLIS IN 46222				Initial Impact Area			
Towed? To NO				Due to Disabling Damage				Initial Impact Area			
Lic State				Lic Year				Initial Impact Area			
Registered Owner's Name (Last, First, MI) [REDACTED]				Initial Impact Area							
License#				Initial Impact Area							
Address (Street, City, State, Zip) [REDACTED]				Initial Impact Area							
Veh Year				Initial Impact Area							
Make				Initial Impact Area							
Lic State				Initial Impact Area							
Lic Year				Initial Impact Area							
Registered Owner's Name (Last, First, MI) [REDACTED]				Initial Impact Area							
License#				Initial Impact Area							
Address (Street, City, State, Zip) [REDACTED]				Initial Impact Area							
Veh Year				Initial Impact Area							
Make				Initial Impact Area							
Commercial Vehicle: Carrier's Name and Address				Initial Impact Area							
HAZMAT Proper Shipping Name:				Initial Impact Area							
State DOT#				Initial Impact Area							
US DOT#				Initial Impact Area							
ICC#				Initial Impact Area							
CMV Inspection				Initial Impact Area							
If Yes				Initial Impact Area							
Gross Vehicle Weight Rating				Initial Impact Area							
Cargo Body Type				Initial Impact Area							
HAZMAT Placard				Initial Impact Area							
HAZMAT Release of Cargo				Initial Impact Area							
HAZMAT 4-Digit ID#				Initial Impact Area							
Hazard Class #				Initial Impact Area							
Event Collision With 1. ANOTHER MOTOR VEHICLE				Initial Impact Area							

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of

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20194570

Date of Crash 02/03/2019	Day of Week Sun	Actual Local Time 6:06 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 1	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange BELLE PLAINE 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 39 57.440		Crash Longitude -85 58.199
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	NO
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Local ID

20194570

**Type of
Crash**

HEAD ON BETWEEN TWO MOTOR VEHICLES

Time Notified 6:08 PM	Time Arrived 6:09 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer KEVIN KOBLI		ID No. 3084	Agency FISHERS PD	Investigation Complete? NO	Photos Taken? YES
Assisting Officer LASHAWN TYLER		ID No. 3169	Agency FISHERS PD	Date of Report 02/03/2019	
Investigating Officer BENBOW, K		ID No. 3184	Agency FISHERS PD	Reviewing Officer	

Narrative

On 2/3/19 I, Officer Keith Benbow, arrived at the intersection of E. 116th St. and Belle Plaine Blvd. After being dispatched to that location on a 2 vehicle accident with injury. Upon arrival, bystanders were administering CPR to D2, who was thrown from his motorcycle (V2) after striking V1. D2 was unresponsive and appeared to have severe head bleeding. Fishers FD arrived at the same time as I did and began administering care to D2, and eventually transported him to St. Vincent Hospital where he was pronounced dead.

D1 advised she was eastbound on E. 116th St. and started to turn northbound on Belle Plaine Blvd. When her vehicle (V1) struck V2. D1 advised that she did not see V2 as she started her turn. Later, D1 changed her story and stated she was pulling out of the neighborhood, observed a single headlight, and continued anyway. D1 later admitted that she had drank alcohol and failed a chemical test that tested her level of alcohol intoxication. D1 was jailed on various OWI charges. D1 signed an SOR on scene to refuse medical treatment.

Witness 1 (W1) advised she was facing southbound on Belle Plaine Blvd. and stopped at E. 116th St. when the collision between V1 & V2 occurred. W1 said V2 was traveling westbound at a high rate of speed and weaving between traffic lanes. W1 said she started to enter onto E. 116th St. and saw V2 at the last minute and was able to stop. W1 advised at that moment V1 was attempting to turn north on Belle Plaine Blvd from the eastbound lanes of E. 116th St. and that is when V1 & V2 struck at full speed. W1 said D2 was ejected from V2 and went airborne and landed by some bushes. W1 advised that V1 came to a stop directly in front of her vehicle. W1 said her vehicle was only struck by debris that resulted from the crash.

Witness 2 (W2) advised she was southbound on Belle Plaine Blvd. towards E. 116th St and approximately 4 to 5 car lengths behind W1 when she witnessed V1 & V2 collide. W2 said she didn't notice either of the vehicles until the collision occurred, and that the motorcycle traveled in front of her vehicle and came to a rest in the yard to the right of her vehicle. W2 said she then stood by with D1 until first responders arrived.

Witness 3 (W3) advised that he did not witness the collision, but witnessed V2 at a high rate of speed as it was westbound on E. 116th St. from Olio Rd. W3 said he witnessed V2 doing wheelies and splitting cars between the inside and outside lanes of westbound E. 116th St. W3 said V2 left his sight as it traveled at a high rate of speed, and he did not see it again until he reached the scene of the crash.

Fishers crash reconstruction team responded and took control of the scene.

Garners towed both V1 & V2 back to it's secure facility.

UNIT INFORMATION

903313587

Page 3 of 5

Local ID
20194570

Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
INDIANAPOLIS IN 46220				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 11/01/1952		Age 66		Gender FEMALE		EMS No.	
						Inmed Attn NO	
						Driver Injury Status	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Apparent Physical Status ☐ Normal ☒ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment			
				Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None			
Test Given ALCOHOL				Type Given ☐ Blood ☐ Urine ☒ Breath ☐ SFST ☒ PBT			
Alcohol Results PBT ...15 Certified Test ...15 ☐ Pending				Drug Results			
Veh# 1 Color RED Vehicle Year 2017 Make HONDA Model CRV Style 4D				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Occupants 1 Lic Year 2019 License # [REDACTED] License State IN				☐ Front ☒ Front ☐ Front ☐ Front ☐ Rear ☐ Rear ☐ Rear ☐ Rear			
# Axles 2 Speed Limit 40 Insured By TRAVELERS Phone Number 8002524633				☐ Front ☒ Front ☐ Front ☐ Front ☐ Rear ☐ Rear ☐ Rear ☐ Rear			
Vehicle Identification # [REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				☐ Front ☒ Front ☐ Front ☐ Front ☐ Rear ☐ Rear ☐ Rear ☐ Rear			
Address (Street, City, State, Zip) [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)			
INDIANAPOLIS IN 46220				Emergency Run? Fire? NO			
Towed? To GARNERS By GARNERS Due to Disabling Damage YES							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver			
License#				Address (Street, City, State, Zip)			
Veh Year		Make					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver			
License#				Address (Street, City, State, Zip)			
Veh Year		Make					
Commercial Vehicle: Carrier's Name and Address				Vehicle Type SPORT UTILITY VEHICLE			
				Pre-Crash Vehicle Action TURNING LEFT			
				Direction of Travel NORTHEAST			
HAZMAT Proper Shipping Name: State DOT#				Type of Primary/Secondary Roadway ☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp			
US DOT#		ICC#		CMV Inspection		If Yes	
Gross Vehicle Weight Rating		Cargo Body Type				Event Collision With 1. ANOTHER MOTOR VEHICLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

UNIT INFORMATION

903313587

Page 4 of 5

Local ID
20194570

Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used HELMET			
Address (Street, City, State, Zip) 4623 CAMERON RIDGE DR APT 127				Safety Equipment Effective? NO			
INDIANAPOLIS IN 46240				Ejection/Trapped EJECTED			
Date of Birth 10/08/1994		Age 24		Gender MALE		EMS No. 0715	
				Immed Attn YES		Driver Injury Status FATAL	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lie State IN	
Nature of Most Severe Injury OTHER - EXPLAIN IN NARRATIVE							
Location of Most Severe Injury HEAD							
Apparent Physical Status ☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☒ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment			
☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results			
Veh# 2	Color BLACK	Vehicle Year 2015	Make YAMAHA	Model YFZ	Style XA		
# Occupants 1	Lic Year 2018	License # [REDACTED]		License State IN			
# Axles 2	Speed Limit 40	Insured By UNKNOWN		Phone Number 0000000000			
Vehicle Identification # [REDACTED]				Initial Impact Area			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
INDIANAPOLIS IN 46240				☒ Front ☐ Rear			
Towed? To GARNERS YES By GARNERS				Due to Disabling Damage YES			
Lic State Lic Year Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver ☐ Same as Driver			
License# Address (Street, City, State, Zip)				Vehicle Use PERSONAL (FARM, COMPANY)			
Veh Year Make				Emergency Run? Fire? NO			
Lic State Lic Year Registered Owner's Name (Last, First, MI) [REDACTED]				Vehicle Type MOTOR DRIVEN CYCLE CLASS A			
License# Address (Street, City, State, Zip)				Pre-Crash Vehicle Action GOING STRAIGHT			
Veh Year Make				Direction of Travel WEST			
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway			
HAZMAT Proper Shipping Name: State DOT#				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier			
US DOT# ICC# CMV Inspection If Yes				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Gross Vehicle Weight Rating Cargo Body Type				Event Collision With 1. ANOTHER MOTOR VEHICLE			
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class #							

PROPERTY/WITNESS INFORMATION

903313587

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Local ID
20194570

Other Property Damage

Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address
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Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address

Witness/Other Participant

☒ Witness	#	Name	Phone #
☐ Other Participant	3		
Address etc.		Location at Time of Crash	
10824 HARBOR BAY CT FISHERS INDIANA		116TH AND OLIO RD	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	
☐ Witness	#	Name	Phone #
☐ Other Participant			
Address etc.		Location at Time of Crash	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901667747

Page 1 of 4

Local ID

201124126

Date of Crash 07/25/2011	Day of Week Mon	Actual Local Time 5:25 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WEDGEPORT LN		If not an intersection, number of feet from 300	Direction E	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property? DNR	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

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

Total Estimate of all damage in the Crash:

\$2501 TO \$5000

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

Local ID

201124126

**Type of
Crash**

REAR END

Time Notified 5:30 PM	Time Arrived 5:50 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 07/25/2011	
Investigating Officer ALVEY, B		ID No. 3070	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was eastbound on east 116th Street when V2 stopped suddenly in front of him. D1 stated he thought he had room to stop but due to some items hanging out of the bed of V2 by about 4-5 feet, he didn't have time to stop and struck the boxes that were hanging out of the bed causing damage to both vehicles.

D2 stated he was eastbound on east 116th Street when he had to stop for a traffic back up. D2 stated he was then struck from behind causing damage to both vehicles.

UNIT INFORMATION

901667747

Page 3 of 4

Local ID
201124126

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FRANKLIN		IN 46131		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/21/1970		Age 41		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color BLK		Vehicle Year 1998	
# Occupants 1		Lic Year 2011		License #	
# Axles 2		Speed Limit 40		Insured By GEICO	
Vehicle Identification #		Model CHEVROLET		Style PK	
Registered Owner's Name (Last, First, MI)		License State IN		Phone Number 8008413000	
Address (Street, City, State, Zip)		FRANKLIN		IN 46131	
Towed? To NO		Due to Disabling Damage		Initial Impact Area	
Lic State		Lic Year		Undercarriage ☐	
License #		Registered Owner's Name (Last, First, MI)		Trailer ☐	
Veh Year		Make		None ☐	
Lic State		Lic Year		Unknown ☐	
License #		Registered Owner's Name (Last, First, MI)		Areas Damaged (Multiples)	
Veh Year		Make		Undercarriage ☐	
Lic State		Lic Year		Trailer ☐	
License #		Registered Owner's Name (Last, First, MI)		None ☐	
Veh Year		Make		Unknown ☐	
Lic State		Lic Year		Vehicle Use	
License #		Registered Owner's Name (Last, First, MI)		PERSONAL (FARM, COMPANY)	
Veh Year		Make		Emergency Run?	
Lic State		Lic Year		Fire?	
License #		Registered Owner's Name (Last, First, MI)		NO	
Veh Year		Make		Vehicle Type	
Lic State		Lic Year		PICKUP	
License #		Registered Owner's Name (Last, First, MI)		Pre-Crash Vehicle Action	
Veh Year		Make		SLOWING OR STOPPED IN TRAFFIC	
Lic State		Lic Year		Direction of Travel	
License #		Registered Owner's Name (Last, First, MI)		EAST	
Veh Year		Make		Type of Primary/Secondary Roadway	
Lic State		Lic Year		One Way Traffic	
License #		Registered Owner's Name (Last, First, MI)		Two Way Traffic	
Veh Year		Make		☐ One Lane	
Lic State		Lic Year		☐ Two Lanes	
License #		Registered Owner's Name (Last, First, MI)		☐ Private Drive	
Veh Year		Make		☐ Multi-Lanes (3 or more)	
Lic State		Lic Year		☒ Multi-Lane Divided (3 or more)	
License #		Registered Owner's Name (Last, First, MI)		☐ Multi-Lane Undivided 2 way left turn	
Veh Year		Make		☐ Multi-Lane Undivided (3 or more)	
Lic State		Lic Year		Event Collision With	
License #		Registered Owner's Name (Last, First, MI)		1. ANOTHER MOTOR VEHICLE	
Veh Year		Make			
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UNIT INFORMATION

901667747

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Local ID

201124126

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 04/20/1992		Age 19		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color BLUE		Vehicle Year 2000	
# Occupants 1		Lic Year 2011		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By GEICO	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN	
Address (Street, City, State, Zip) [REDACTED]		FISHERS		IN 46037	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		Initial Impact Area	
Lic State [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Areas Damaged (Multiples)	
Veh Year [REDACTED]		Make [REDACTED]		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)	
Veh Year [REDACTED]		Make [REDACTED]		Emergency Run? NO	
Commercial Vehicle: Carrier's Name and Address				Fire? NO	
HAZMAT Proper Shipping Name:		State DOT#		Vehicle Type PICKUP	
US DOT#		ICC#		Pre-Crash Vehicle Action GOING STRAIGHT	
Gross Vehicle Weight Rating		Cargo Body Type		Direction of Travel EAST	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
				Event Collision With 1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901667924

Page 1 of 4

Local ID

201124129

Date of Crash 07/25/2011	Day of Week Mon	Actual Local Time 5:25 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																																																																				
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange WEDGEPORT LN		If not an intersection, number of feet from 300	Direction E	Road Classification LOCAL/CITY ROAD																																																																																																																																																																																																																																																																																																																																																						
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property? DNR	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																																																					
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					DIRECTLY IN FRONT OF V2																																																																																																																																																																																																																																																																																																																																																								
☐ Witness	#	Name			Cited?		Direction																																																																																																																																																																																																																																																																																																																																																						
☐ Other Participant																																																																																																																																																																																																																																																																																																																																																													
Address etc.					Street/Highway																																																																																																																																																																																																																																																																																																																																																								
Phone #					Location at Time of Crash		Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																																																																						

Local ID

201124129

**Type of
Crash**

REAR END

Time Notified 5:30 PM	Time Arrived 5:50 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 07/25/2011	
Investigating Officer ALVEY, B		ID No. 3070	Agency FISHERS PD	Reviewing Officer	

Narrative

D2 stated she came to a sudden stop due to a crash in front of her (refer to crash report # 2011-24126). She stated when she stopped she was struck from behind by V1.

Driver of V1 stated V2 came to sudden stop and she could not get stopped in time and struck the rear of V1.

W1 stated she was behind V1 in the other crash and she was able to get stopped in time. W1 stated she was also not struck by V2 in this crash but was aware that V1 of this crash struck the vehicle directly behind her.

UNIT INFORMATION

901667924

Page 3 of 4

Local ID
201124129

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/03/1976		Age 35		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color BRONZE		Vehicle Year 2003	
# Occupants 1		Lic Year 2012		License #	
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY	
Vehicle Identification #		Model EXPEDITION		Style UT	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 3175772722		☐ Undercarriage	
FISHERS		IN 46037		☐ Trailer	
Towed? To NO		Due to Disabling Damage		☐ None	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ Unknown	
License #		Address (Street, City, State, Zip)		Areas Damaged (Multiples)	
Veh Year 2003		Make FORD		☐ Undercarriage	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ Trailer	
License #		Address (Street, City, State, Zip)		☐ None	
Veh Year 2003		Make FORD		☐ Unknown	
Commercial Vehicle: Carrier's Name and Address				Vehicle Use	
HAZMAT Proper Shipping Name:		State DOT#		PERSONAL (FARM, COMPANY)	
US DOT#		ICC#		Emergency Run?	
Gross Vehicle Weight Rating		Cargo Body Type		Fire? NO	
HAZMAT Placard		HAZMAT Release of Cargo		Vehicle Type	
HAZMAT 4-Digit ID#		Hazard Class #		SPORT UTILITY VEHICLE	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Private Drive	
				☒ Multi-Lane Divided (3 or more)	
				☐ Alley	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

901667924

Page 4 of 4

Local ID
201124129

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/31/1980		Age 50		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color SILVER		Vehicle Year 2005	
# Occupants 1		Lic Year 2012		License #	
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY	
Vehicle Identification #		Model F1S		Style UT	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 8006926326		☐ Undercarriage	
				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO		Due to Disabling Damage		☐ Undercarriage	
Lic State		Registered Owner's Name (Last, First, MI)		☐ Trailer	
Lic Year		Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Registered Owner's Name (Last, First, MI)		PERSONAL (FARM, COMPANY)	
Lic Year		Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire?	
Veh Year		Make		NO	
Commercial Vehicle: Carrier's Name and Address				Vehicle Type	
				SPORT UTILITY VEHICLE	
				Pre-Crash Vehicle Action	
				SLOWING OR STOPPED IN TRAFFIC	
HAZMAT Proper Shipping Name:		State DOT#		Direction of Travel	
US DOT#		ICC#		EAST	
CMV Inspection		If Yes		Type of Primary/Secondary Roadway	
Gross Vehicle Weight Rating		Cargo Body Type		One Way Traffic	
HAZMAT Placard		HAZMAT Release of Cargo		Two Way Traffic	
HAZMAT 4-Digit ID#		Hazard Class #		☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☐ Multi-Lanes (3 or more)	
				☒ Multi-Lane Divided (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
Event Collision With					
1. ANOTHER MOTOR VEHICLE					

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

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FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location E 116TH ST at intersection of WEDGEPORT LN		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 01/20/2022	Day of Week Thursday	Crash Time 14:41	Date of Report 01/20/2022	Latitude 39.95754122
	Weather Condition CLEAR		Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction NO JUNCTION INVOLVED	Railroad Crossing #	☐ Train or Rail Equipment
					☐ Rumble Strips
Investigative Information	Time Notified 1441	Time Arrived 1451	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash SAME DIRECTION SIDESWIPE	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash: \$5001 TO \$10000
	Investigative Officer STREET, CODY	Agency FISHERS PD	ID Number 3172_		
	Reviewing Officer				
	Assisting Officer				
	Assisting Officer				
Narrative	The following was written by STREET, CODY On Thursday, January 20, 2022 at 14:41, STREET, CODY responded to a crash on E 116th St at intersection of Wedgeport Ln. At the time of the crash, the weather was clear and the road surface was dry. Vehicle 1, white CHEVROLET Silverado, {Describe Vehicle 1 Action.} Vehicle 2, black MERCEDES-BENZ C-Class, going straight. DRIVER 1 STATED THAT HE WAS IN THE LEFT LANE. D1 STATED THAT A VEHICLE IN FRONT OF HIM STOPPED AND HE MERGED TO THE RIGHT LANE AND DID NOT SEE V2. D1 STRUCK V2. D2 STATED SHE WAS IN THE RIGHT LANE AND WAS STRUCK BY V1.				

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

Printed on 1/24/2022 6:10:17 AM

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
1		10/21/1961	60	M
Driver's License Number		Lic Type	Lic State	CDL Class
OP		IN		
Apparent Physical Status		Restrictions		
NORMAL		CORRECTIVE LENSES		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	WHITE	2005	1	
Make	Model			
CHEVROLET	Silverado			
Style				
PICK-UP (TRUCKS)				
Insured By				
FARMERS				
Policy #	Ins Phone #			
	888-327-6335			
VIN				
Plate Number	Plate Exp Year	Plate State		
	2023	IN		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To		Fire?	
			NO	
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	M-LANE RD WTH CURB RAISED MEDIAN	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
WEST	CHANGING LANES	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40				
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
1		12/07/1962	59	F
Driver's License Number		Lic Type	Lic State	CDL Class
OP		IN		
Apparent Physical Status		Restrictions		
NORMAL		CORRECTIVE LENSES		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	BLACK	2003	1	
Make	Model			
MERCEDES-BENZ	C-Class			
Style				
4-DOOR				
Insured By				
ALLSTATE				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
	2022	IN		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To		Fire?	
			NO	
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	M-LANE RD WTH CURB RAISED MEDIAN	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
40				
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 3 of 4

Printed on 1/24/2022 6:10:17 AM

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
	Unit 2 :
	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Hit and Run ☐

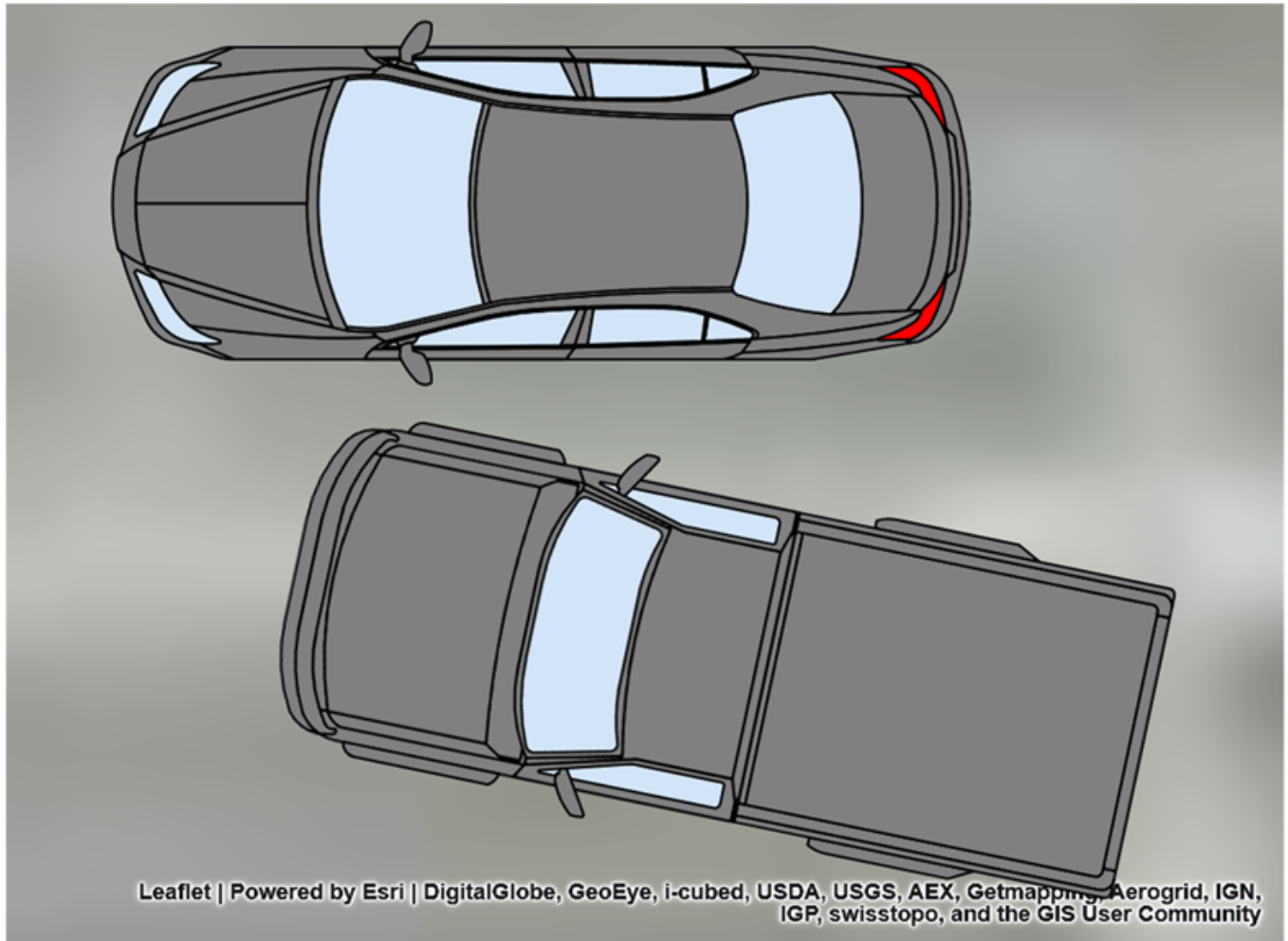
Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Page 4 of 4

Printed on 1/24/2022 6:10:17 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902797781

Page 1 of 5

Local ID

201643896

Date of Crash 10/17/2016	Day of Week Mon	Actual Local Time 3:15 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 3	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange THE LEGENDS BLVD		If not an intersection, number of feet from 700	Direction W	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	NO
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Local ID
201643896

Type of Crash

REAR END

Time Notified 3:22 PM	Time Arrived 3:26 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 10/17/2016	
Investigating Officer ALVEY, B		ID No. 3070	Agency FISHERS PD	Reviewing Officer	

Narrative

D3 stated he and D2 were stopped for a school bus that was westbound and had its stop arm out. D3 stated D1 failed to stop and rear ended V2 causing it to strike V3 causing damage to all 3 vehicles.

D2 stated he was struck from behind and was pushed into V3.

D1 stated she had been bleeding from her mouth due to some dental work and was looking at her mouth in the mirror. D1 stated she didn't see V2 stopped and rear ended it causing damage to both vehicles. D1 was cited for driving on a suspended license and also disregarding the bus stop arm.

UNIT INFORMATION

902797781

Page 3 of 5

Local ID
201643896

1 Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 04/28/1976	Age	Gender FEMALE	EMS No. Injured Attn Driver Injury Status
Driver's License #	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
Alcohol Results PBT		Drug Results	
Certified Test ☐ Pending			
Veh# 1	Color GRY	Vehicle Year 2016	Make NISSAN
Model ALTIMA	Style 4D		
# Occupants 1	Lic Year 2017	License #	License State IL
# Axles 2	Speed Limit 40	Insured By SELF INSURED	Phone Number 0000000000
Vehicle Identification #		Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip)		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
DESPLAINES IL 60018		Areas Damaged (Multiples)	
Towed? To MILLERS YES By MILLERS		Front ☒ ☐ ☐ Rear ☒ ☐ ☐	
Due to Disabling Damage YES		Vehicle Use	
Lic State Lic Year Registered Owner's Name (Last, First, MI)	PERSONAL (FARM, COMPANY)		
License#	Address (Street, City, State, Zip)		Emergency Run? Fire? NO
Veh Year Make	Registered Owner's Name (Last, First, MI)		Vehicle Type
Lic State Lic Year Registered Owner's Name (Last, First, MI)	Same as Driver		PASSENGER CAR/STATION WAGON
License#	Address (Street, City, State, Zip)		Pre-Crash Vehicle Action
Veh Year Make	Commercial Vehicle: Carrier's Name and Address		GOING STRAIGHT
HAZMAT Proper Shipping Name:	State DOT#		Direction of Travel
US DOT# ICC# CMV Inspection If Yes			EAST
Gross Vehicle Weight Rating	Cargo Body Type		Type of Primary/Secondary Roadway
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #
		☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☒ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp	
Event Collision With		1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

902797781

Page 4 of 5

Local ID
201643896

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
INDPLS IN 46221				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 04/14/1990		Age		Gender MALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License #			Lic Type U	CDL Class	Lic State	Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown			Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment			☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			Location of Most Severe Injury		
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony							
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
Veh# 2	Color TAN	Vehicle Year 2000	Make FORD	Model SE	Style SW	Front	☐☐☐☐☐☐☐☐				Rear
# Occupants 1	Lic Year 2017	License # [REDACTED]	License State IN								
# Axles 2	Speed Limit 40	Insured By UNKNOWN	Phone Number 0000000000								
Vehicle Identification # [REDACTED]						Front	☒☐☒☐☒☐☒☐				Rear
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver											
Address (Street, City, State, Zip) [REDACTED]											
INDPLS IN 46221						Vehicle Use PERSONAL (FARM, COMPANY)					
Towed? To NO By		Due to Disabling Damage		Emergency Run?				Fire? NO			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Vehicle Type PASSENGER CAR/STATION WAGON			
License#		Address (Street, City, State, Zip)				Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC					
Veh Year		Make		Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Direction of Travel EAST			
Lic State		Lic Year		Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway ☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☒ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp			
Commercial Vehicle: Carrier's Name and Address						Event Collision With 1. ANOTHER MOTOR VEHICLE					
HAZMAT Proper Shipping Name:		State DOT#		HAZMAT Placard							
US DOT#		ICC#		CMV Inspection		If Yes		HAZMAT Release of Cargo			
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT 4-Digit ID#		Hazard Class #					

UNIT INFORMATION

902797781

Page 5 of 5

Local ID
201643896

3		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/06/1980		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class	
		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status		Restrictions		Location of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		☐ Infraction ☐ Misdemeanor ☐ Felony	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 3		Color SIL		Vehicle Year 2007	
Make VOLVO		Model S80		Style 4D	
# Occupants 1		Lic Year 2017		License #	
License State IN		Phone Number 8005318722		Initial Impact Area	
# Axles 2		Speed Limit 40		Insured By USAA CASUALTY	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		☐ Same as Driver	
Address (Street, City, State, Zip)					
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO		By		Due to Disabling Damage	
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	
				☐ Same as Driver	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run?	
				Fire? NO	
License#		Address (Street, City, State, Zip)		Vehicle Type	
Veh Year		Make		PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action	
				SLOWING OR STOPPED IN TRAFFIC	
License#		Address (Street, City, State, Zip)		Direction of Travel	
Veh Year		Make		EAST	
				Type of Primary/Secondary Roadway	
Commercial Vehicle: Carrier's Name and Address				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
HAZMAT Proper Shipping Name:		State DOT#		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
US DOT#		ICC#		CMV Inspection	
				If Yes	
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
				Hazard Class #	
				1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902886781

Page 1 of 4

Local ID

201710102

Date of Crash 03/10/2017	Day of Week Fri	Actual Local Time 8:45 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 1	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange THE LEGENDS BLVD		If not an intersection, number of feet from 150	Direction W	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	NO
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☐	☐	☐							

Local ID

201710102

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 8:48 AM	Time Arrived 8:53 AM	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 03/10/2017	
Investigating Officer MYERS, B		ID No. 3035	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was stationary in his driveway located at 10842 E. 116th Street. D1 stated he was preparing to turn left (east) onto 116th when traffic cleared. D1 stated that he saw traffic clear in the north lane (fast lane) and began to pull out into traffic. D1 stated that V2, which was in the south lane, turned into his lane of travel and collided with the passenger side V1. D1 stated V2 did not have his turn indicator on before he pulled into traffic.

D2 stated he was eastbound on 116th Street in the south (slow) lane of travel. D2 stated he had his left turn signal on and was moving into the north (fast) lane of travel when V1 pulled out and collided with the rear driver's side trailer tire.

There will be no follow-up investigation made by this officer. End narrative.

Sgt. Brad Myers 3035

UNIT INFORMATION

Local ID
201710102

902886781

Page 3 of 4

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
ANDERSON IN 46011				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 06/23/1975		Age 41		Gender MALE		EMS No. 3337	
				Immed Attn NO		Driver Injury Status NON-INCAPACITATING - TREATED AT	
Driver's License # [REDACTED]		Lic Type CD		CDL Class A		Lic State IN	
Nature of Most Severe Injury MINOR BLEEDING				Location of Most Severe Injury FACE			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment			
Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results PBT				Drug Results			
Certified Test ☐ Pending							
Veh# 1		Color MAROON		Vehicle Year 2006		Make MERCURY	
Model GRAND MARQUIS LS		Style 4D					
# Occupants 2		Lic Year 2017		License # [REDACTED]		License State IN	
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY INSURANCE		Phone Number 8006926326	
Vehicle Identification # [REDACTED]				Initial Impact Area			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				☒ Front ☐ Rear			
FISHERS IN 46037				☒ Front ☐ Rear			
Towed? To BOGGS YES By BOGGS				Due to Disabling Damage YES			
Lic State [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]			
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]			
Veh Year [REDACTED]				Make [REDACTED]			
Lic State [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]			
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]			
Veh Year [REDACTED]				Make [REDACTED]			
Commercial Vehicle: Carrier's Name and Address [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)			
HAZMAT Proper Shipping Name: [REDACTED]				Emergency Run? [REDACTED]			
State DOT# [REDACTED]				Fire? NO			
US DOT# [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON			
ICC# [REDACTED]				Pre-Crash Vehicle Action TURNING LEFT			
CMV Inspection [REDACTED]				Direction of Travel SOUTHEAST			
If Yes [REDACTED]				Type of Primary/Secondary Roadway			
Gross Vehicle Weight Rating [REDACTED]				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier			
Cargo Body Type [REDACTED]				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
HAZMAT Placard [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE			
HAZMAT Release of Cargo [REDACTED]							
HAZMAT 4-Digit ID# [REDACTED]							
Hazard Class # [REDACTED]							

UNIT INFORMATION

902886781

Page 4 of 4

Local ID
201710102

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
		MI 48876		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/07/1986		Age 30		Gender MALE	
Driver's License #		Lic Type CD		CDL Class A	
		MI		Nature of Most Severe Injury	
Apparent Physical Status		Restrictions		Location of Most Severe Injury	
☒ Normal		☒ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☐ None			
Test Given NONE		Type Given		If Cited?	
		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		☐ Infraction	
Alcohol Results		Certified Test		☐ Misdemeanor	
PBT		☐ Pending		☐ Felony	
Drug Results					
Veh# 2		Color WHITE		Initial Impact Area	
Vehicle Year 2017		Make Freightliner		☐ Undercarriage	
Model TT 90000		Style CC		☒ Trailer	
# Occupants 1		Lic Year 2017		☐ None	
License #		License State MI		☐ Unknown	
# Axles 3		Speed Limit 40		Front	
Insured By ZURICH AMERICAN		Phone Number 8003822150		Rear	
Vehicle Identification #					
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
Address (Street, City, State, Zip)					
WYOMING		MI 49548		Areas Damaged (Multiples)	
Towed? To NO		Due to Disabling Damage		☐ Undercarriage	
By				☒ Trailer	
Lic State PA		Lic Year 2017		☐ None	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Unknown	
License #		Address (Street, City, State, Zip)		Front	
P				Rear	
Veh Year 2017		Make GREAT DANE			
EASTON		PA 18045			
Lic State PA		Lic Year 2017			
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)			
Veh Year 2017		Make A&K LOGISTICS INC			
Commercial Vehicle: Carrier's Name and Address					
2		3747 HECKTOWN ROAD			
EASTON		PA 18045			
HAZMAT Proper Shipping Name:		State DOT#			
US DOT#		ICC#			
		CMV Inspection YES			
If Yes					
Gross Vehicle Weight Rating 10,001# - 26,000#		Cargo Body Type VAN/ENCLOSED BOX			
HAZMAT Placard NO		HAZMAT Release of Cargo			
HAZMAT 4-Digit ID#		Hazard Class #			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903552376

Page 1 of 4

Local ID

20208629

Date of Crash 02/28/2020	Day of Week Fri	Actual Local Time 11:42 AM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange THE LEGENDS BLVD		If not an intersection, number of feet from 50	Direction N	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

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

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

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

Local ID

20208629

**Type of
Crash**

RIGHT ANGLE

Time Notified 11:42 AM	Time Arrived 12:02 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 02/28/2020	
Investigating Officer STREET, C		ID No. 3172	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 STATED HE WAS DRIVING NORTH ACROSS ALL LANES OF TRAFFIC OF 116TH STREET FROM THE LEGENDS BLVD. HE STATED THAT HE THOUGHT HE HAD ENOUGH TIME TO GET THROUGH BUT ENDED UP COLLIDING WITH D2 WHO WAS DRIVING WEST ON 116TH STREET.

D2 STATED THAT HE WAS DRIVING WEST ON 116TH STREET AND WAS STRUCK BY D1 WHO WAS DRIVING NORTH.

NO INJURIES REPORTED

END NARRATIVE

C. STREET 3172

Local ID
20208629

Page 3 of 4

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UNIT INFORMATION

903552376

Page 4 of 4

Local ID
20208629

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? NO	
FORTVILLE		IN 46040		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/09/1947		Age 73		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color MARCON		Vehicle Year 2015	
# Occupants 1		Lic Year 2020		License #	
# Axles 2		Speed Limit 40		Insured By USAA	
Vehicle Identification #		Registered Owner's Name (Last, First, MI)		License State IN	
Address (Street, City, State, Zip)		Phone Number 8005318722		Initial Impact Area	
FORTVILLE		IN 46040		Areas Damaged (Multiples)	
Towed? To NO		Due to Disabling Damage		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		Same as Driver		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Lic State		Lic Year		PASSENGER CAR/STATION WAGON	
Registered Owner's Name (Last, First, MI)		Same as Driver		Pre-Crash Vehicle Action	
License#		Address (Street, City, State, Zip)		GOING STRAIGHT	
Veh Year		Make		Direction of Travel	
Commercial Vehicle: Carrier's Name and Address				WEST	
HAZMAT Proper Shipping Name:		State DOT#		Type of Primary/Secondary Roadway	
US DOT#		ICC#		Type of Primary/Secondary Roadway	
CMV Inspection		If Yes		Type of Primary/Secondary Roadway	
Gross Vehicle Weight Rating		Cargo Body Type		Type of Primary/Secondary Roadway	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		Type of Primary/Secondary Roadway	
				Type of Primary/Secondary Roadway	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903854229

Local ID

Page

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of

5

202128917

Date of Crash 08/06/2021	Day of Week Fri	Actual Local Time 6:29 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Door 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange THE LEGENDS BLVD			If not an intersection, number of feet from	Direction LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?		Crash Latitude		Crash Longitude
Driver #1		Driver #2			Driver #3		Driver #4		
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctl Inop/Missing/Obscure Utility Work Other None									
Area Information									
Hit and Run					NO				
School Zone					NO				
Rumble Strips					NO				
Locality					URBAN				
Light Condition					DAYLIGHT				
Weather Conditions					CLEAR				
Surface Condition					DRY				
Type of Median									
Type of Roadway Junction					T-INTERSECTION				
Road Character					STRAIGHT/HILLCREST				
Roadway Surface					ASPHALT				
Construction					If Yes, Construction Type				
NO									
Traffic Control Devices					LANE CONTROL				
Traffic Control Device Operational?					NA				
Total Estimate of all damage in the Crash:					Was this crash the result of aggressive driving?				
\$1001 TO \$2500					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				
☒ Witness		# Name			(Last Name, First Name, MI)				
☐ Other Participant		1 [REDACTED]							
Address etc.					Non-Motorist Type		Non-Motorist Action		
[REDACTED] T									
Phone #		Location at Time of Crash			Apparent Physical Condition				
[REDACTED]		AT INTERSECTION SEE NARRATIVE							
☐ Witness		# Name			Cited?		Direction		
☐ Other Participant									
Address etc.					Street/Highway				
Phone #		Location at Time of Crash			Traffic Control?		If yes, was traffic control operational?		
[REDACTED]									

Local ID
202128917

Type of Crash

LEFT TURN

Time Notified 6:32 PM	Time Arrived 6:37 PM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete? NO	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 08/06/2021	
Investigating Officer RODRIGUEZ, C		ID No. 3136	Agency FISHERS PD	Reviewing Officer C RODRIGUEZ	

Narrative

FPD Incident No. 2021-28917

On August 6th, 2021, I, Sergeant Rodriguez with the Fishers Police Department responded to the area of E. 116th Street and The Legends Boulevard in reference to a car crash.

Upon arrival I observed all vehicles parked along the side of The Legends Boulevard and met with a female by the name of Molly Greco who was confirmed to have been the driver of Gray colored 2020 Honda Pilot. I also met with a female driver of the other vehicle involved who was identified as Tiffany Gooden who was the owner and operator of a 2010 red colored Cadillac SRX.

Information of D1 and V1:

D1 Tiffany Gooden

V1 Red Cadillac SRX

V1: Plate Number 137BAF

Damage to V1: Front Bumper, primarily on front passengers side however, entire bumper was crooked and scuff marks and dents on the passengers' side.

Information of D2 and V2:

D2 Molly A. Greco

V2 2020 Honda Pilot

V2: Plate Number 500LDC

Damage to V2: Driver's side door, and drivers side quarter panel along with the driver's side running board.

Explanation of Incident:

D1 explained that she was stopped at the stop sign on The Legends Boulevard facing northbound when she was attempting to turn northwest, to travel westbound. D1 advised that she was operating her vehicle, V1 along with her juvenile son who was in the passengers' seat of the vehicle and as D1 believed that she was clear to turn left onto Westbound on E. 116th Street, she suddenly collided with V2.

D2 explained that she was traveling westbound approaching The Legends Boulevard when she veered onto the turn lane to turn south into The Legends Boulevard. D2 advised that as she turned left, southwest, her vehicle, V2 was suddenly struck by V1.

Witness 1: Kendall Slover advised that she was traveling eastbound on E. 116th Street approaching The Legends Boulevard when she observed the collision. According to W1 she advised that the crash took place right in front of her and from her recollection, she recalled V1 being stopped at The Legends Boulevard and the collision took place after V1 collided with V2. According to W1, she believes that V2 may have sped up causing the collision due to V1 already being in motion prior to V2 attempting to turn. According to W1, while V1 was already in motion to turn, V2 did not slow down and continued to turn around V1 which W1 believes contributed to the collision.

The statements obtained from all parties were captured on Body Worn Camera along with images and statements provided.

It should be noted that I Sergeant Rodriguez was delayed in submitting this report due to D1 not presenting a proof of insurance card or any insurance information. It should be noted that it was not until Sunday August 8th, 2021, that I heard back from D1 who was encouraged to call as soon as she could with the information. When D1 called she left a voicemail advising that her insurance company was Secura but did not provide anything else. It was not until Monday when this Sergeant was able to reach D1 and requested the information and the policy number. This conversation took place on Monday August 9th, 2021. On Tuesday August 10th, 2021, I was eventually provided with D1's insurance and policy number which she explained she had coverage at the time of the accident by Secura with policy number PX2777802.

It should be noted for purposes of this report that D2 had stopped by the Fishers Police Department to obtain a copy of the report however, she was later contacted by this Sergeant to explain the reason for the delay was primarily on

▪ waiting for D1 to provide prove of insurance information. ▪
End of Supplemental Report
BWC Available.
Sgt. Rodriguez

UNIT INFORMATION

903854229

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Local ID
202128917

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/23/1975		Age 45		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color RED		Vehicle Year 2010	
Make CADILLAC		Model SRX		Style 4D	
# Occupants 2		Lic Year 2022		License #	
License State IN		Phone Number 8005583405			
# Axles 2		Speed Limit 40		Insured By SECURA	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To NO		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire?	
Veh Year		Make		NO	
Commercial Vehicle: Carrier's Name and Address				Vehicle Type	
				PASSENGER CAR/STATION WAGON	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		TURNING LEFT	
CMV Inspection		If Yes		Direction of Travel	
Gross Vehicle Weight Rating		Cargo Body Type		NORTHWEST	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☒ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
Event Collision With					
1. ANOTHER MOTOR VEHICLE					

UNIT INFORMATION

903854229

Page 5 of 5

Local ID
202128917

3		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/12/1988		Age 32		Gender FEMALE	
Driver's License # 0570064487		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color GRAY		Vehicle Year 2020	
Make HONDA		Model PILOT		Style 4W	
# Occupants 1		Lic Year 2022		License # [REDACTED]	
License State IN		# Axles 2		Speed Limit 40	
Insured By AMERICAN SELECT INS		Phone Number 8777879078		Initial Impact Area	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip) [REDACTED]		FISHERS IN 46037		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run?	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Fire? NO	
License#		Address (Street, City, State, Zip)		Vehicle Type	
Veh Year		Make		PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		TURNING LEFT	
License#		Address (Street, City, State, Zip)		Direction of Travel	
Veh Year		Make		SOUTHWEST	
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway	
HAZMAT Proper Shipping Name:		State DOT#		☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
US DOT#		ICC#		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
CMV Inspection		If Yes		Event Collision With	
Gross Vehicle Weight Rating		Cargo Body Type		1. ANOTHER MOTOR VEHICLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
Hazard Class #					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903106482

Local ID

Page

1

of

4

20189588

Date of Crash 02/24/2018	Day of Week Sat	Actual Local Time 9:50 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																																															
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange IDLEWOOD DR		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?		Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																																															
Driver #1		Driver #2			Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																																																	
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Alcoholic Beverages</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Illegal Drugs</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Prescription Drugs</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Asleep or Fatigued</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Illness</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Speed</td></tr><tr><td>☒</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td><td>Failure to Yield</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Disregard Signal</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Left of Center</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Passing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Turning</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Lane Usage</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Following Too Closely</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Backing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Overcorrecting</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Ran off Road</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Wrong Way on One Way</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Pedestrian's Action</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Passenger Distraction</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Restriction Violation</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Jackknifing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Cell Phone Usage</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other Telematics</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Distracted</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Speed/Weather Conditions</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Lane Movement</td></tr><tr><td>☐</td><td>☐</td><td>☒</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>None</td></tr></table>					☐	☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	Unsafe Speed	☒	☒	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	☐	Following Too Closely	☐	☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☒	☐	☐	Other	☐	☐	☐	☐	☐	None	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Engine Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Accelerator Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Brake Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tire Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Headlight(s) Defective or Not On</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other Lights Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Steering Failure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Window/Windshield Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Oversize/Overweight Load</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Insecure/Leaky Load</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tow Hitch Failure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>None</td></tr></table> Environment Contributing Circumstances <table 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Inop/Missing/Obscure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Utility Work</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>None</td></tr></table>					☐	☐	☐	☐	☐	Engine Failure or Defective	☐	☐	☐	☐	☐	Accelerator Failure or Defective	☐	☐	☐	☐	☐	Brake Failure or Defective	☐	☐	☐	☐	☐	Tire Failure or Defective	☐	☐	☐	☐	☐	Headlight(s) Defective or Not On	☐	☐	☐	☐	☐	Other Lights Defective	☐	☐	☐	☐	☐	Steering Failure	☐	☐	☐	☐	☐	Window/Windshield Defective	☐	☐	☐	☐	☐	Oversize/Overweight Load	☐	☐	☐	☐	☐	Insecure/Leaky Load	☐	☐	☐	☐	☐	Tow Hitch Failure	☐	☐	☐	☐	☐	Other	☐	☐	☒	☒	☐	None	☐	☐	☐	☐	☐	Glare	☐	☐	☐	☐	☐	Roadway Surface	☐	☐	☐	☐	☐	Holes/Ruts in Surface	☐	☐	☐	☐	☐	Shoulder Defective	☐	☐	☐	☐	☐	Road Under Construction	☐	☐	☐	☐	☐	Severe Crosswinds	☐	☐	☐	☐	☐	Obstruction Not Marked	☐	☐	☐	☐	☐	Lane Marking Obscured	☐	☐	☐	☐	☐	View Obstructed	☐	☐	☐	☐	☐	Animal/Object in Roadway	☐	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure	☐	☐	☐	☐	☐	Utility Work	☐	☐	☐	☐	☐	Other	☐	☐	☒	☒	☐	None	Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DARK (LIGHTED) Weather Conditions RAIN Surface Condition WET Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
☐	☐	☐	☐	☐	Alcoholic Beverages																																																																																																																																																																																																																																																																																																																																																			
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Phone #					Location at Time of Crash		Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																																																																	

Local ID

20189588

**Type of
Crash**

OTHER - EXPLAIN IN NARRATIVE

Time Notified 10:03 PM	Time Arrived 10:06 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 02/24/2018	
Investigating Officer MILLER, C		ID No. 3166	Agency FISHERS PD	Reviewing Officer	

Narrative

On February 24th, 2018, I, Officer Miller with the Fishers Police Department was dispatched to the intersection of 116th and Idlewood Dr. in reference to a traffic accident between two motor vehicle and no injuries involved.

Driver 1 stated that she was at the stop sign facing northbound on Idlewood Dr. when she began to enter a 116th St with intentions of turning west on 116th St. Driver 1 stated that as she began to pull out onto 116th St she struck vehicle two in the passenger side with the front of her vehicle. Driver 1 stated that she did not see the vehicle until the last second because of the heavy rain. Driver 1 stated that she was not injured in the accident. Vehicle 1 had to be towed from the scene.

Driver 2 stated that he was traveling east on 116th St. in the left lane when vehicle 1 pulled out from Idlewood Dr. and struck his vehicle in the passenger side. Driver 2 stated that he was unable to avoid the collision. Driver 2 stated that he was not injured in the accident. Vehicle 2 was able to be driven from the scene.

End of Narrative - Officer Miller -3166.

UNIT INFORMATION

903106482

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Local ID
20189588

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED] CIR				Safety Equipment Effective? YES											
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 02/12/2000		Age		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 1		Color BLK		Vehicle Year 1999		Make TOYOTA		Model 4RU		Style 4W		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2019		License # [REDACTED]		License State IN						Front ☒ ☐ ☐ Rear ☐ ☐ ☐			
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY		Phone Number 3175672457						Front ☒ ☐ ☐ Rear ☒ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ Rear ☒ ☐ ☐	
FISHERS IN 46037-9137				Vehicle Use PERSONAL (FARM, COMPANY)				Emergency Run? NO				Fire? NO			
Towed? To YES By BOGGS		Due to Disabling Damage YES		License#		Address (Street, City, State, Zip)		Vehicle Type PASSENGER CAR/STATION WAGON				Pre-Crash Vehicle Action TURNING LEFT			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Direction of Travel NORTH				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
License#		Address (Street, City, State, Zip)		Vehicle Year		Make		Commercial Vehicle: Carrier's Name and Address				Event Collision With 1. ANOTHER MOTOR VEHICLE			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		HAZMAT Proper Shipping Name:				HAZMAT Release of Cargo			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		HAZMAT 4-Digit ID#				Hazard Class #			
US DOT#		ICC#		CMV Inspection		If Yes		Gross Vehicle Weight Rating				Cargo Body Type			
US DOT#		ICC#		CMV Inspection		If Yes		Gross Vehicle Weight Rating				Cargo Body Type			

UNIT INFORMATION

903106482

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Local ID
20189588

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED] IN 46037				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 10/14/1999		Age		Gender MALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☒ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment				☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				Location of Most Severe Injury			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 2		Color BRZ		Vehicle Year 2007		Make MERCEDES BENZ		Model CLS550		Style 4D	
# Occupants 1		Lic Year 2019		License # [REDACTED]		License State IN		Initial Impact Area		Front [] [] [] [] Rear [] [] [] []	
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 8007233276		Areas Damaged (Multiples)		Front [] [] [] [] Rear [] [] [] []	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED] IN 46037-4084				Towed? To NO By				Due to Disabling Damage			
FISHERS IN 46037-4084				License#				Emergency Run? Fire? NO			
Veh Year Make				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Vehicle Type PASSENGER CAR/STATION WAGON			
License#				Address (Street, City, State, Zip)				Pre-Crash Vehicle Action GOING STRAIGHT			
Veh Year Make				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Direction of Travel EAST			
License#				Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway			
Veh Year Make				Commercial Vehicle: Carrier's Name and Address				☐ One Way Road ☐ Two Lanes - Two Way			
HAZMAT Proper Shipping Name:				State DOT#				☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way			
US DOT#				ICC#				☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn			
Gross Vehicle Weight Rating				Cargo Body Type				☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way			
HAZMAT Placard				HAZMAT Release of Cargo				☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier			
HAZMAT 4-Digit ID#				Hazard Class #				☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median			
HAZMAT 4-Digit ID#				Hazard Class #				☒ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley			
HAZMAT 4-Digit ID#				Hazard Class #				☐ Multi-Lane w/ Cable Barrier ☐ Ramp			
HAZMAT 4-Digit ID#				Hazard Class #				Event Collision With 1. ANOTHER MOTOR VEHICLE			

State Id
904346502

Local Id
202340625

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 1 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location 116TH ST at intersection of IDLEWOOD DR		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 09/11/2023	Day of Week Monday	Crash Time 14:41 PM	Date of Report 09/11/2023	Latitude 39.95759147
	Weather Condition CLEAR		Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction TRAIL CROSSINGS	Railroad Crossing #	☐ Train or Rail Equipment ☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 1443	Time Arrived 1444	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash OTHER - EXPLAIN IN NARRATIVE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☐ Photos taken
	Investigative Officer STARKEY, KEVIN		Agency FISHERS PD	ID Number 3186	Total Estimate of all damage in Crash: \$1001 TO \$2500
	Reviewing Officer STARKEY, KEVIN		FISHERS PD	3186	
	Assisting Officer				
Assisting Officer					
Reconstruction Officer					
Narrative	The following was written by STARKEY, KEVIN				
	On Monday, September 11, 2023 at 14:41, Starkey, Kevin responded to a crash on 116th st at intersection the of idlewood dr and the road surface was Dry.				
	Vehicle 1, Silver\Aluminum Kia Sorento, Turning right.				
D1 was stopped at the stop sign attempting to turn right onto 116th st from idlewood dr. D1 stated she looked left and began to turn into traffic when she struck the bicyclist. she stated she did not see him. There were clear crosswalk markings and a stop sign.					

State Id
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Indiana Officer's Standard Crash Report

Vehicles 1 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB		Age
12345678901234567890		06/27/1976		47
Driver's License Number		Lic Type	Lic State	CDL Class
12345678901234567890		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		NONE		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
UNKNOWN		N/A	NOT EJECTED OR TRAPPED	
If Cited		IC Codes		
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	SILVER/ALU	2018	1	12
Make	Model			
KIA	SORENTO			
Style				
UTILITY (SUV)				
Insured By				
GEICO				
Policy #	Ins Phone #			
12345678901234567890	000-000-0000			
VIN				
12345678901234567890				
Plate Number	Plate Exp Year	Plate State		
HAB568	2024	IN		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To		Fire?	
			NO	
Vehicle Use	Event Collision With			
PERSONAL (FARM, COMPANY)	BICYCLE			
Emergency Run?	Type of Roadway	Roadway Character		
	TWO LANES (TWO WAY)	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
NORTH	TURNING RIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
30	STOP SIGN			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
12345678901234567890		12345678901234567890		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number		CMV Inspection		
HAZMAT Placard		HAZMAT Proper Shipping Name	HAZMAT Release of Cargo	
Gross Vehicle Weight Rating		Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB		Age
Driver's License Number		Lic Type	Lic State	CDL Class
Apparent Physical Status		Restrictions		
Test Given		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
If Cited		IC Codes		
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
Make	Model			
Style				
Insured By				
Policy #	Ins Phone #			
VIN				
Plate Number	Plate Exp Year	Plate State		
Towed?	Towed Due to Disabling Damage?			
Company Towed By	City Towed To		Fire?	
Vehicle Use	Event Collision With			
Emergency Run?	Type of Roadway	Roadway Character		
Direction of Travel	Pre-Crash Vehicle Action	# of Axes	☐ Oversized	
Speed Limit	Traffic Control Devices	Devices Operational?		
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number		CMV Inspection		
HAZMAT Placard		HAZMAT Proper Shipping Name	HAZMAT Release of Cargo	
Gross Vehicle Weight Rating		Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type

State Id
904346502

Local Id
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Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

Indiana Officer's Standard Crash Report

Vehicles 1 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make
Property Damage	State Property	Description	Owner's Name and Address					
Factors	Unit 1 :							
	NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)							
Witnesses	☐ Witness	☒ Other Participant	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash			
	Name				RIDING BICYCLE			

State Id
904346502

Local Id
202340625

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

Indiana Officer's Standard Crash Report

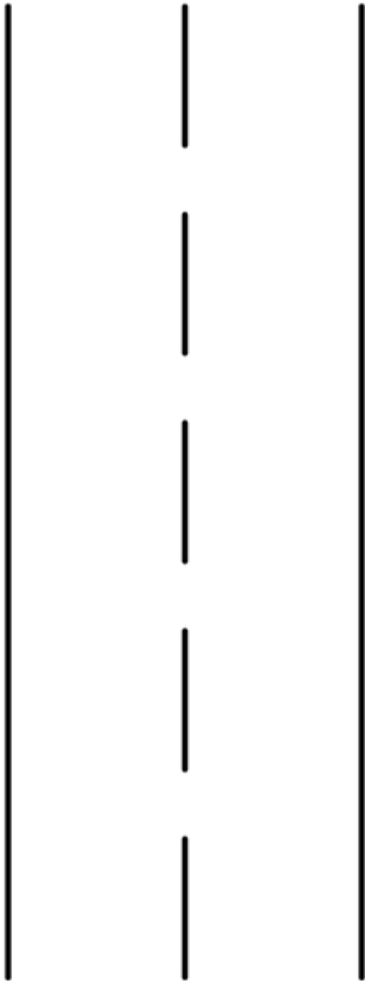
Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Hit and Run ☐

Page 4 of 4

FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 4

902772932

Local ID

201638042

Date of Crash 09/07/2016	Day of Week Wed	Actual Local Time 3:53 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 1	# Deaf 0																																																																																																																																																																																																																																																																																																													
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Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather 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Crosswinds</td><td></td></tr><tr><td>Obstruction Not Marked</td><td></td></tr><tr><td>Lane Marking Obscured</td><td></td></tr><tr><td>View Obstructed</td><td></td></tr><tr><td>Animal/Object in Roadway</td><td></td></tr><tr><td>Traffic Ctl Inop/Missing/Obscure</td><td></td></tr><tr><td>Utility Work</td><td></td></tr><tr><td>Other</td><td></td></tr><tr><td>None</td><td></td></tr></tbody></table>					Environment Contributing Circumstances				Glare		Roadway Surface		Holes/Ruts in Surface		Shoulder Defective		Road Under Construction		Severe Crosswinds		Obstruction Not Marked		Lane Marking Obscured		View Obstructed		Animal/Object in Roadway		Traffic Ctl Inop/Missing/Obscure		Utility Work		Other		None		<table border="1"><thead><tr><th colspan="2">Area Information</th></tr></thead><tbody><tr><td>Hit and Run</td><td>NO</td></tr><tr><td>School Zone</td><td>NO</td></tr><tr><td>Rumble Strips</td><td>NO</td></tr><tr><td>Locality</td><td>URBAN</td></tr><tr><td>Light Condition</td><td>DAYLIGHT</td></tr><tr><td>Weather Conditions</td><td>CLEAR</td></tr><tr><td>Surface Condition</td><td>DRY</td></tr><tr><td>Type of Median</td><td></td></tr><tr><td>Type of Roadway Junction</td><td>NO JUNCTION INVOLVED</td></tr><tr><td>Road Character</td><td>STRAIGHT/LEVEL</td></tr><tr><td>Roadway Surface</td><td>ASPHALT</td></tr><tr><td>Construction</td><td>If Yes, Construction Type</td></tr><tr><td>NO</td><td></td></tr><tr><td>Traffic Control Devices</td><td>STOP SIGN</td></tr><tr><td>Traffic Control Device Operational?</td><td>NA</td></tr><tr><td>Was this crash the result of aggressive driving?</td><td>NO</td></tr></tbody></table>					Area Information		Hit and Run	NO	School Zone	NO	Rumble Strips	NO	Locality	URBAN	Light Condition	DAYLIGHT	Weather Conditions	CLEAR	Surface Condition	DRY	Type of Median		Type of Roadway Junction	NO JUNCTION INVOLVED	Road Character	STRAIGHT/LEVEL	Roadway Surface	ASPHALT	Construction	If Yes, Construction Type	NO		Traffic Control 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Local ID
201638042

Type of Crash

REAR END

Time Notified 3:56 PM	Time Arrived 4:29 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 09/07/2016	
Investigating Officer AHNERT, A		ID No. 3090	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that she pulled off of Idlewood Dr. onto E 116th St. westbound. D1 stated that she thought V2 was in the other lane. D1 stated that V2 rear ended her vehicle.

D2 stated that he was westbound 116th St. D2 stated that V1 pulled out in front of him from Idlewood Dr. D2 stated that he locked up his brakes and tried to get into the right lane to avoid colliding with V1. D2 stated that because he was pulling an 18 foot trailer he couldn't brake in time. D2 stated that V1 pulled in front of him and he couldn't avoid hitting V1.

W1 stated that he was westbound 116th St. behind V2. W1 stated that V2 was in the left lane and V1 pulled out in front of him. W1 stated that V2 tried to avoid hitting V1 by pulling into the right lane but said that V1 pulled in the right lane right in front of V2. W1 stated, "there was nothing he (V2) could do. I would have hit the vehicle too."

UNIT INFORMATION

902772932

Page 3 of 4

Local ID
201638042

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 07/31/1999		Age 17		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color BEIGE		Vehicle Year 2005		Make HONDA		Model CIVIC EX		Style 4D	
# Occupants 1		Lic Year 2017		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY		Phone Number 3172537550		Front ☐ ☐ ☐ ☐ Rear ☐ ☐ ☒ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Front ☐ ☐ ☐ ☐ Rear ☐ ☐ ☒ ☐			
Towed? To NO By				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Emergency Run?		Fire? NO			
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Pre-Crash Vehicle Action TURNING LEFT	
License # [REDACTED]				Address (Street, City, State, Zip) [REDACTED]				Direction of Travel NORTHEAST			
Veh Year		Make		Commercial Vehicle: Carrier's Name and Address		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

UNIT INFORMATION

902772932

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Local ID
201638042

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS									
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES									
FORTVILLE IN 46040				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 04/16/1981		Age 35		Gender MALE		EMS No.		Injured Attn		Driver Injury Status			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony					
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color SILVER		Vehicle Year 2006		Make DODGE		Model RAM PICKUP		Style TK			
# Occupants 2		Lic Year 2017		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown					
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE		Phone Number 8004444487		Front ☐ ☐ ☐ ☒ ☐ ☐ Rear ☐ ☐ ☐ ☐ ☐ ☐					
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☒ None ☐ Unknown					
Address (Street, City, State, Zip) [REDACTED]				Vehicle Use COMMERCIAL(TAXIS,COMMON,CONTRACT)				Emergency Run? NO					
PENDLETON IN 46064				Due to Disabling Damage				Fire? NO					
Towed? To NO By		Lic State IN		Lic Year 2017		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver					
License# [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type TRUCK/TRAILER (NOT SEMI)				Pre-Crash Vehicle Action GOING STRAIGHT					
Veh Year 2007		Make BIG TEX		Pendleton IN 46064		Direction of Travel WEST				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
License# [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Commercial Vehicle: Carrier's Name and Address 2 TOP NOTCH CUTS 9278 N STATE RD 9 PENDLETON IN 46064				Event Collision With 1. ANOTHER MOTOR VEHICLE					
HAZMAT Proper Shipping Name:		State DOT#		US DOT#				ICC#					
CMV Inspection		If Yes		Gross Vehicle Weight Rating 10,001# - 26,000#				Cargo Body Type OTHER - EXPLAIN IN NARRATIVE					
HAZMAT Placard NO		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #							



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902757059

Local ID

Page 1 of 4

201633977

Date of Crash 08/12/2016	Day of Week Fri	Actual Local Time 7:30 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																																										
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																																																											
Driver #1		Driver #2			Driver #3		Driver #4																																																																																																																																																																																																																																																																																																																																												
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Alcoholic Beverages</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Illegal Drugs</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Prescription Drugs</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Asleep or Fatigued</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Illness</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Speed</td></tr><tr><td>☒</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td><td>Failure to Yield</td></tr><tr><td>☐</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td><td>Disregard Signal</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Left of Center</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Passing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Turning</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Improper Lane Usage</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Following Too Closely</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Backing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Overcorrecting</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Ran off Road</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Wrong Way on One Way</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Pedestrian's Action</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Passenger Distraction</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Restriction Violation</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Jackknifing</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Cell Phone Usage</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other Telematics</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Driver Distracted</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Speed/Weather Conditions</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Unsafe Lane Movement</td></tr><tr><td>☐</td><td>☐</td><td>☒</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>None</td></tr></table> Vehicle Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Engine Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Accelerator Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Brake Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tire Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Headlight(s) Defective or Not On</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other Lights Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Steering Failure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Window/Windshield Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Oversize/Overweight Load</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Insecure/Leaky Load</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tow Hitch Failure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>None</td></tr></table> Environment Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Glare</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Roadway Surface</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Holes/Ruts in Surface</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Shoulder Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Road Under Construction</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Severe Crosswinds</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Obstruction Not Marked</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Lane Marking Obscured</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>View Obstructed</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Animal/Object in Roadway</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Traffic Ctl Inop/Missing/Obscure</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Utility Work</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Other</td></tr><tr><td>☐</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>None</td></tr></table>					☐	☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	Unsafe Speed	☒	☒	☐	☐	☐	Failure to Yield	☐	☒	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	☐	Following Too Closely	☐	☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☒	☐	☐	Other	☐	☐	☐	☐	☐	None	☐	☐	☐	☐	☐	Engine Failure or Defective	☐	☐	☐	☐	☐	Accelerator Failure or Defective	☐	☐	☐	☐	☐	Brake Failure or Defective	☐	☐	☐	☐	☐	Tire Failure or Defective	☐	☐	☐	☐	☐	Headlight(s) Defective or Not On	☐	☐	☐	☐	☐	Other Lights Defective	☐	☐	☐	☐	☐	Steering Failure	☐	☐	☐	☐	☐	Window/Windshield Defective	☐	☐	☐	☐	☐	Oversize/Overweight Load	☐	☐	☐	☐	☐	Insecure/Leaky Load	☐	☐	☐	☐	☐	Tow Hitch Failure	☐	☐	☐	☐	☐	Other	☐	☐	☒	☒	☐	None	☐	☐	☐	☐	☐	Glare	☐	☐	☐	☐	☐	Roadway Surface	☐	☐	☐	☐	☐	Holes/Ruts in Surface	☐	☐	☐	☐	☐	Shoulder Defective	☐	☐	☐	☐	☐	Road Under Construction	☐	☐	☐	☐	☐	Severe Crosswinds	☐	☐	☐	☐	☐	Obstruction Not Marked	☐	☐	☐	☐	☐	Lane Marking Obscured	☐	☐	☐	☐	☐	View Obstructed	☐	☐	☐	☐	☐	Animal/Object in Roadway	☐	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure	☐	☐	☐	☐	☐	Utility Work	☐	☐	☐	☐	☐	Other	☐	☐	☒	☒	☐	None	Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices LANE CONTROL Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
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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																																																																																																																																																																																																																																																																																																																																																
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Address etc.					Non-Motorist Type		Non-Motorist Action																																																																																																																																																																																																																																																																																																																																												
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Phone #					Location at Time of Crash		Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																																																												

Local ID
201633977

Type of Crash

RIGHT ANGLE

Time Notified 7:30 PM	Time Arrived 7:34 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 08/12/2016	
Investigating Officer WEESNER, K		ID No. 3121	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated in summary he was attempting to turn onto 116th St. from Gray Eagle Dr. when the collision with V2 occurred. Due to the severity of D1's injury I was unable to gather further information about the collision from him.

D2 stated in summary he was driving westbound passing the intersection with Gray Eagle when V2 was abruptly struck on the front right hand side. D2 stated the collision occurred quickly but he observed D1 drive through the stop sign on Gray Eagle Dr. and fail to yield the right of way to westbound traffic.

D2's story was verified by a witness who also observed D1 fail to stop at the traffic sign and enter westbound traffic.

D1 appeared to have a broken left leg and was transported to Community North Hospital by Fishers Fire Department Emergency Medical Services # 3338 for further evaluation.

V1 was towed by Fishers towing to their lot and V2 was towed by Miller's towing to their lot.

-END OF NARRATIVE-

Ofc. K. Weesner 3121

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201633977

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UNIT INFORMATION

902757059

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Local ID
201633977

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 07/30/1981		Age 55		Gender MALE		EMS No. 3338		Inmed Attn NO		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 2		Color BLACK		Vehicle Year 2014		Make CADILLAC		Model SRX		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
# Occupants 1		Lic Year 2017		License # [REDACTED]		License State IN						Front ☐ Rear ☐			
# Axles 2		Speed Limit 40		Insured By AAA		Phone Number 8002073618						Front ☐ Rear ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☒ Rear ☐			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46038				Vehicle Use PERSONAL (FARM, COMPANY)							
Towed? To MILLERS TOWING YES By MILLERS TOWING				Due to Disabling Damage YES				Emergency Run? NO				Fire? NO			
License#				Address (Street, City, State, Zip)				Vehicle Type SPORT UTILITY VEHICLE							
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT							
Lic State				Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Direction of Travel WEST							
License#				Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
Veh Year				Make				Event Collision With 1. ANOTHER MOTOR VEHICLE							
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 #			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903003188

Local ID

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201741298

Date of Crash 09/25/2017	Day of Week Mon	Actual Local Time 7:27 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		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?	Crash Latitude		Crash Longitude						
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction FOUR-WAY INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type 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: \$1001 TO \$2500														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

201741298

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 7:41 AM	Time Arrived 7:55 AM	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 09/25/2017	
Investigating Officer VANNATTA, C		ID No. 3173	Agency FISHERS PD	Reviewing Officer	

Narrative

V1 turned eastbound onto 116th St from Gray Eagle Dr. D1 stated that he did not realize V2 was in the southern most lane. V1 attempted to move into the southern most lane when it collided with V2.

V2 was eastbound on 116th St. D2 stated V1 attempted to move into the southern most lane of 116th St after exiting Gray Eagle Dr when V1 collided with V2.

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1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 10/16/2000		Age		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color GEY		Vehicle Year 2007		Make AUDI		Model A6		Style 4D	
# Occupants 1		Lic Year 2018		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 40		Insured By AUTO-OWNERS INS		Phone Number 2607499541		Front ☐ ☒ ☐ ☐ Rear ☐ ☐ ☐ ☐			
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FISHERS IN 46037-7990				Vehicle Use PERSONAL (FARM, COMPANY)				Front ☒ ☒ ☐ ☐ Rear ☐ ☐ ☐ ☐			
Towed? To NO By		Due to Disabling Damage		Emergency Run?				Fire? NO			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Type PASSENGER CAR/STATION WAGON			
License#		Address (Street, City, State, Zip) [REDACTED]				Pre-Crash Vehicle Action CHANGING LANES					
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Direction of Travel EAST			
Lic State		Lic Year		Address (Street, City, State, Zip) [REDACTED]				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Veh Year		Make		Commercial Vehicle: Carrier's Name and Address [REDACTED]				Event Collision With 1. ANOTHER MOTOR VEHICLE			
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 #					

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Driver's Name (Last, First, MI) 2 [REDACTED] R				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 10/30/1999		Age 17		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 2		Color WHITE		Vehicle Year 2017		Make FORD		Model FUSION		Style 4D	
# Occupants 2		Lic Year 2017		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By ALLSTATE		Phone Number 8778102920		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
FISHERS IN 46037				Towed? To NO By				Due to Disabling Damage			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Emergency Run?		Fire? NO			
License #		Address (Street, City, State, Zip) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON		Pre-Crash Vehicle Action GOING STRAIGHT		Direction of Travel EAST			
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
License #		Address (Street, City, State, Zip) [REDACTED]		HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. ANOTHER MOTOR VEHICLE			
Veh Year		Make		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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201839112

Date of Crash 08/27/2018	Day of Week Mon	Actual Local Time 6:42 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 2	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																																																															
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Turning	☐	☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	☐	Following Too Closely	☐	☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☒	☐	☐	Other	☐	☐	☐	☐	☐	None	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances <table border="1"><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Engine Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Accelerator Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Brake Failure or Defective</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>Tire Failure or 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☐ Other Participant	1	[REDACTED]																																																																																																																																																																																																																																																																																																																																																						
Address etc.					Non-Motorist Type		Non-Motorist Action																																																																																																																																																																																																																																																																																																																																																	
Phone #					Apparent Physical Condition																																																																																																																																																																																																																																																																																																																																																			
Location at Time of Crash BEHIND V1					Cited?		Direction																																																																																																																																																																																																																																																																																																																																																	
Address etc.					Street/Highway																																																																																																																																																																																																																																																																																																																																																			
Phone #					Location at Time of Crash		Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																																																																	

Local ID
201839112

Type of Crash

RIGHT ANGLE

Time Notified 6:42 AM	Time Arrived 6:43 AM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer E PATTON		ID No. 9235	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 08/27/2018	
Investigating Officer AHNERT, J		ID No. 3089	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated in summary that she was turning eastbound onto 116th ST from Gray Eagle Drive when she collided with V2, which she did not see. D1 complained of neck pain.

D2 stated in summary that she was traveling westbound on 116th ST at Gray Eagle Drive when V1 pulled out in front of her.

W1 stated in summary that he was stationary behind V1 when he observed V1 pull in front of V2 which was westbound.

D1 transported. D2 treated at scene.

End of narrative. J Ahnert 3089

UNIT INFORMATION

903209193

Page 3 of 4

Local ID
201839112

Driver's Name (Last, First, MI) 1 [REDACTED] [REDACTED] (Street, City, State, Zip)				Safety Equipment Used LAP + HARNESS	
FISHERS IN 46037				Safety Equipment Effective? YES	
Date of Birth 09/09/1997		Age		Ejection/Trapped NOT EJECTED OR TRAPPED	
Gender FEMALE		EMS No. 3338		Inmed Attn YES	
Driver's License # [REDACTED]		Lic Type OP		Driver Injury Status INCAPACITATING - TRANSPORTED	
CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☒ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		Location of Most Severe Injury NECK	
Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None		If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony		IC Codes	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SIL		Vehicle Year 2006	
Make TOYOTA		Model COROLLA		Style 4D	
# Occupants 1		Lic Year 2019		License # [REDACTED]	
License State IN		# Axles 2		Speed Limit 40	
Insured By TRAVCO INSURANCE COMPANY		Phone Number 8774038584		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip) [REDACTED]		FISHERS IN 46037-8155		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? To YES By BOGGS TOWING		Due to Disabling Damage YES		Emergency Run? Fire? NO	
Lic State [REDACTED]		Lic Year [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Address (Street, City, State, Zip) [REDACTED]		Pre-Crash Vehicle Action TURNING LEFT	
Veh Year [REDACTED]		Make [REDACTED]		Direction of Travel SOUTH	
Lic State [REDACTED]		Lic Year [REDACTED]		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Veh Year [REDACTED]		Make [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE	
Commercial Vehicle: Carrier's Name and Address [REDACTED]		HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]	
US DOT# [REDACTED]		ICC# [REDACTED]		CMV Inspection If Yes [REDACTED]	
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]		HAZMAT Placard [REDACTED]	
HAZMAT Release of Cargo [REDACTED]		HAZMAT 4-Digit ID# [REDACTED]		Hazard Class # [REDACTED]	

UNIT INFORMATION

903209193

Page 4 of 4

Local ID
201839112

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
NOBLESVILLE IN 46060				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 05/15/1976		Age		Gender FEMALE		EMS No.		Inmed Attn NO		Driver Injury Status NON-INCAPACITATING - TREATED AT	
Driver's License # [REDACTED]			Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury ABRASION					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown			Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment			☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			Location of Most Severe Injury ELBOW/LOWER ARM		
Test Given NONE			Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			IC Codes		
Alcohol Results PBT			Certified Test ☐ Pending			Drug Results			Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		
Veh# 2	Color RED	Vehicle Year 2017	Make GENERAL MOTORS		Model ACADIA	Style 4D	Front	☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐			Rear
# Occupants 1	Lic Year 2019	License # [REDACTED]		License State IN							
# Axles 2	Speed Limit 40	Insured By AUTO OWNERS		Phone Number 7654550901							
Vehicle Identification # [REDACTED]							Front	☒ ☐ ☐ ☒ ☐ ☐ ☒ ☐ ☐			Rear
Registered Owner's Name (Last, First, MI) ☐ Same as Driver											
Address (Street, City, State, Zip) [REDACTED]											
NOBLESVILLE IN 46060-9790							Vehicle Use PERSONAL (FARM, COMPANY)				
Towed? To YES By GARNERS TOWING		Due to Disabling Damage YES		Emergency Run?				Fire? NO			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver							
License#		Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON					
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver							
License#		Address (Street, City, State, Zip)				Direction of Travel WEST					
Veh Year		Make		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier				☐ Two Lanes - Two Way ☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type									
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903781839

Local ID

Page

1

of

5

202115346

Date of Crash 04/24/2021	Day of Week Sat	Actual Local Time 10:14 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 3	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		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?	Crash Latitude 39 57.459		Crash Longitude -85 55.838	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	NO
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Local ID

202115346

**Type of
Crash**

RIGHT ANGLE

Time Notified 10:19 PM	Time Arrived 10:24 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 04/25/2021	
Investigating Officer WEAVER, C		ID No. 3203	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was attempting to turn left to head East on 116th St from Gray Eagle Dr. D1 stated he came to a complete stop at the stop sign. D1 stated he did not see V2 and began to enter the intersection and turn left. D1 stated by the time he saw D2 he was unable to move, and D2 struck him on the drivers side rear of his vehicle.

D2 stated she was driving West on 116th St near the intersection with Gray Eagle Dr. D2 stated D1 pulled out in front of her and she was unable to avoid hitting D1.

W1 stated she was directly behind D2 driving West on 116th St. W1 stated D1 pulled out in front of D2 and D2 was unable to avoid hitting D1. W1 stated "I can not imagine he [D1] stopped [at the stop sign] because he was flying".

W2 stated he was in the right lane headed West on 116th St beside W1. W2 stated D1 was attempting to turn left from Gray Eagle Dr onto Eastbound 116th St. W2 stated D1 ran the stop sign and pulled in front of D2 causing D2 to hit D1.

D1 reported arm pain. D1 was checked by medics and released at the scene.

D2 reported head pain and pain in her chest from her seatbelt. D2 was checked by medics and released at the scene.

V2's passenger reported face pain. V2 passenger was checked by medics and released at the scene.

V1 and V2 were both towed by Garners to Garners.

End of Narrative

AXON Available

Officer Cody Weaver-3203

UNIT INFORMATION

903781839

Page 3 of 5

Local ID
202115346

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) 1 [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037-8156				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 12/20/2002		Age 18		Gender MALE		EMS No. 0792		Inmed Attn NO		Driver Injury Status NON-INCAPACITATING - TREATED AT	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Location of Most Severe Injury SHOULDER/UPPER ARM					
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Alcohol Results PBT		Certified Test ☐ Pending		Drug Results			
Veh# 1		Color WHI		Vehicle Year 2019		Make NISSAN		Model ROGUE		Style 4W	
# Occupants 1		Lic Year 2021		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 25		Insured By METROPOLITAIN GROUP		Phone Number 3178496639		Front ☐ ☐ ☐ ☒ Rear			
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☒ Rear			
FISHERS IN 46037-8156		Towed? To YES By GARNERS		Due to Disabling Damage YES		Vehicle Use PERSONAL (FARM, COMPANY)		Emergency Run? NO			
License#		Address (Street, City, State, Zip)		Vehicle Type PASSENGER CAR/STATION WAGON		Pre-Crash Vehicle Action TURNING LEFT		Direction of Travel SOUTH			
Veh Year		Make		Registered Owner's Name (Last, First, MI) ☐ Same as Driver		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
License#		Address (Street, City, State, Zip)		HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. ANOTHER MOTOR VEHICLE			
Veh Year		Make		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 #	

UNIT INFORMATION

903781839

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Local ID
202115346

2 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT									
[REDACTED]				Safety Equipment Effective? YES									
FISHERS IN 46038-3207				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 11/13/2003		Age 17		Gender FEMALE		EMS No. 0792		Inmed Attn NO		Driver Injury Status NON-INCAPACITATING - TREATED AT			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury HEAD					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color BLU/		Vehicle Year 2012		Make HONDA		Model ACCORD		Style 4D			
# Occupants 2		Lic Year 2020		License # [REDACTED]		License State IN							
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 3178497660							
Veh# [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☐ ☐ ☒ ☐ Rear ☐ ☐ ☐	
[REDACTED]				[REDACTED]				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☒ ☒ ☒ Rear ☐ ☐ ☐	
FISHERS IN 46038-3207				Vehicle Use PERSONAL (FARM, COMPANY)									
Towed? To GARNERS YES By GARNERS				Due to Disabling Damage YES				Emergency Run? NO				Fire? NO	
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON					
Veh Year Make				Registered Owner's Name (Last, First, MI) ☐ 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 ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ 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		Cargo Body Type											
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #							

NON-DRIVER INJURED INFORMATION

903781839

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Local ID
202115346

Injured Pre-crash Location: Veh# 2 INJURED		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Name (Last, First, MI) [REDACTED]		Safety Equipment Effective? YES	
Address (Street, City, State, Zip) [REDACTED]		Ejection/Trapped NOT EJECTED OR TRAPPED	
MCCORDSVILLE IN 46055		EMS No. 0792	Inmed Attn NO
Date of Birth 04/14/2004		Injury Status NON-INCAPACITATING -	
Age 17		Nature of Most Severe Injury COMPLAINT OF PAIN	
Gender FEMALE		Location of Most Severe Injury HEAD	
Position in or on Vehicle ☐ Front ☒ ☐ ☐ ☐ ☐ ☐ ☐ Rear		Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
		Alcohol Results Certified Test ☐ Pending	
		Drug Results PBT	
Injured Pre-crash Location: Veh#		Safety Equipment Used	
Name (Last, First, MI)		Safety Equipment Effective?	
Address (Street, City, State, Zip)		Ejection/Trapped	
		EMS No.	Inmed Attn
Date of Birth		Injury Status	
Age		Nature of Most Severe Injury	
Gender		Location of Most Severe Injury	
Position in or on Vehicle ☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear		Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
		Alcohol Results Certified Test ☐ Pending	
		Drug Results PBT	
Injured Pre-crash Location: Veh#		Safety Equipment Used	
Name (Last, First, MI)		Safety Equipment Effective?	
Address (Street, City, State, Zip)		Ejection/Trapped	
		EMS No.	Inmed Attn
Date of Birth		Injury Status	
Age		Nature of Most Severe Injury	
Gender		Location of Most Severe Injury	
Position in or on Vehicle ☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear		Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
		Alcohol Results Certified Test ☐ Pending	
		Drug Results PBT	
Injured Pre-crash Location: Veh#		Safety Equipment Used	
Name (Last, First, MI)		Safety Equipment Effective?	
Address (Street, City, State, Zip)		Ejection/Trapped	
		EMS No.	Inmed Attn
Date of Birth		Injury Status	
Age		Nature of Most Severe Injury	
Gender		Location of Most Severe Injury	
Position in or on Vehicle ☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear		Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
		Alcohol Results Certified Test ☐ Pending	
		Drug Results PBT	
Injured Pre-crash Location: Veh#		Safety Equipment Used	
Name (Last, First, MI)		Safety Equipment Effective?	
Address (Street, City, State, Zip)		Ejection/Trapped	
		EMS No.	Inmed Attn
Date of Birth		Injury Status	
Age		Nature of Most Severe Injury	
Gender		Location of Most Severe Injury	
Position in or on Vehicle ☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear		Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
		Alcohol Results Certified Test ☐ Pending	
		Drug Results PBT	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901653285

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Local ID

201120779

Date of Crash 06/26/2011	Day of Week Sun	Actual Local Time 3:05 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		If not an intersection, number of feet from 95	Direction W	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property? OTHER		Crash Latitude		Crash Longitude
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause					Vehicle Contributing Circumstances					Environment Contributing Circumstances					Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	NO		
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Following Too Closely	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Engine Failure or Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Accelerator Failure or Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Brake Failure or Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Tire Failure or Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Headlight(s) Defective or Not On	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other Lights Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Steering Failure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Window/Windshield Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Oversize/Overweight Load	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Insecure/Leaky Load	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Tow Hitch Failure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Glare	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Roadway Surface	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Holes/Ruts in Surface	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Shoulder Defective	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Road Under Construction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Severe Crosswinds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Obstruction Not Marked	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Lane Marking Obscured	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	View Obstructed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Animal/Object in Roadway	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Utility Work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
☐	☐	☐	☐	None	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
Total Estimate of all damage in the Crash: \$2501 TO \$5000														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		
☐ Witness	#	Name	(Last Name, First Name, MI)		
☐ Other Participant					
Address etc.			Non-Motorist Type		
Phone #			Non-Motorist Action		
Location at Time of Crash			Apparent Physical Condition		
☐ Witness	#	Name	Cited?	Direction	
☐ Other Participant					
Address etc.			Street/Highway		
Phone #			Traffic Control?		
Location at Time of Crash			If yes, was traffic control operational?		

Local ID
201120779

Type of Crash

SAME DIRECTION SIDESWIPE

Time Notified 3:05 PM	Time Arrived 3:10 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 06/26/2011	
Investigating Officer PHELPS, J		ID No. 3037	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was eastbound on 126th street just west of Gray Eagle drive in the right hand lane. D1 stated she went to change lanes into the left lane and struck V2 in the left lane.

D2 stated he was eastbound on 126th street just west of Gray Eagle drive in the left hand lane. D1 stated V1 turned into his right side of his vehicle.

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UNIT INFORMATION

901653285

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2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
		[REDACTED] Zip)		Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 09/17/1957		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class	
[REDACTED]		IN		Nature of Most Severe Injury	
Apparent Physical Status		Restrictions		Location of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☒ None			
Test Given NONE		Type Given		If Cited?	
		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		☐ Infraction	
Alcohol Results		Certified Test		☐ Misdemeanor	
PBT		☐ Pending		☐ Felony	
Drug Results					
Veh# 2		Color BLK/		Vehicle Year 2002	
# Occupants 2		Lic Year 2012		Make CHRYSLER	
# Axles 2		Speed Limit 40		Model SEBRING	
Insured By INDIANA FARM BUREAU		License #		Style 2D	
[REDACTED]		[REDACTED]		License State IN	
Registered Owner's Name (Last, First, MI)		[REDACTED]		Phone Number 8007233276	
Address (Street, City, State, Zip)		[REDACTED]			
FISHERS		IN 46037-9730		Initial Impact Area	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Areas Damaged (Multiples)	
Lic State		Lic Year		☐ Undercarriage	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Trailer	
License#		Address (Street, City, State, Zip)		☐ None	
Veh Year		Make		☐ Unknown	
Commercial Vehicle: Carrier's Name and Address				Vehicle Use	
				PERSONAL (FARM, COMPANY)	
HAZMAT Proper Shipping Name:		State DOT#		Emergency Run?	
US DOT#		ICC#		Fire?	
CMV Inspection		If Yes		NO	
Gross Vehicle Weight Rating		Cargo Body Type		Vehicle Type	
HAZMAT Placard		HAZMAT Release of Cargo		PASSENGER CAR/STATION WAGON	
HAZMAT 4-Digit ID#		Hazard Class #		Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				EAST	
				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Private Drive	
				☒ Multi-Lane Divided (3 or more)	
				☐ Alley	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901301042

Local ID

Page

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of

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20106223

Date of Crash 02/25/2010	Day of Week Thu	Actual Local Time 7:40 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		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		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAWN/DUSK Weather Conditions SNOW Surface Condition WET Type of Median CURBED Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface CONCRETE Construction NO If Yes, Construction Type 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: \$2501 TO \$5000														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

20106223

**Type of
Crash**

RIGHT ANGLE

Time Notified 7:44 AM	Time Arrived 7:47 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer M THOMPSON		ID No. 3009	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer R THOMPSON		ID No. 3069	Agency FISHERS PD	Date of Report 02/25/2010	
Investigating Officer YEAGER, C		ID No. 3060	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 advised he was entering onto 16th St. from Gray Eagle Dr. D1 advised he observed V2 approaching but thought she was going to turn. V1 was struck in the right rear tire area by V2.

D2 advised she was westbound on 116th St. near Gray Eagle Dr. D2 stated that as V1 entered traffic, she applied her brakes but could not avoid hitting V1.

UNIT INFORMATION

901301042

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Local ID
20106223

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 02/01/1983		Age 47		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color WHITE		Vehicle Year 2003		Make Volvo		Model S80		Style 4D	
# Occupants 1		Lic Year 2010		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
# Axles 2		Speed Limit 35		Insured By AMERICAN FAMILY		Phone Number 800-692-6326		Front ☐ ☐ ☐ ☐ Rear ☐ ☐ ☐ ☒			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				FISHERS IN 46037				Front ☐ ☐ ☐ ☐ Rear ☐ ☐ ☐ ☒			
Towed? To BOGGS TOWING YES By BOGGS TOWING				Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)			
Lic State				Lic Year				Emergency Run?			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Fire? NO			
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year				Make				Pre-Crash Vehicle Action ENTERING TRAFFIC LANE			
Lic State				Lic Year				Direction of Travel SOUTH			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)			
License#				Address (Street, City, State, Zip)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)			
Veh Year				Make				Event Collision With 1. ANOTHER MOTOR VEHICLE			
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 #											

UNIT INFORMATION

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Local ID
20106223

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS																	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES																	
NOBLESVILLE IN 46060				Ejection/Trapped NOT EJECTED OR TRAPPED																	
Date of Birth 05/09/1976		Age 33		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status											
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury											
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury													
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes									
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results													
Veh# 2		Color BLACK		Vehicle Year 2007		Make Ford		Model ESCAPE		Style UT		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ ☐		Rear ☐ ☐ ☐ ☐					
# Occupants 1		Lic Year 2010		License # [REDACTED]		License State IN		# Axles 2		Speed Limit 35		Insured By MET LIFE		Phone Number 800GETMET8		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☒ ☐		Rear ☐ ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Address (Street, City, State, Zip) [REDACTED]				Vehicle Use PERSONAL (FARM, COMPANY)									
NOBLESVILLE IN 46060				Towed? To NO By				Due to Disabling Damage				Emergency Run? Fire? NO									
License #				Address (Street, City, State, Zip)				Vehicle Type UTILITY (SUV)				Pre-Crash Vehicle Action GOING STRAIGHT									
Veh Year				Make				Direction of Travel WEST				Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)					
License #				Address (Street, City, State, Zip)				Event Collision With 1. ANOTHER MOTOR VEHICLE													
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 #									



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902038944

Local ID

Page

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of

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201322428

Date of Crash 06/11/2013	Day of Week Tue	Actual Local Time 6:00 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 2	# Dead 0	# Commercial Vehicles 0	# Deaf 0																																																																																																																																																																																																																																																																																																																																																								
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		If not an intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD																																																																																																																																																																																																																																																																																																																																																										
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Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather Conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Lane Movement</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances					Alcoholic Beverages					Illegal Drugs					Prescription Drugs					Driver Asleep or Fatigued					Driver Illness					Unsafe Speed					Failure to Yield					Disregard Signal					Left of Center					Improper Passing					Improper Turning					Improper Lane Usage					Following Too Closely					Unsafe Backing					Overcorrecting					Ran off Road					Wrong Way on One Way					Pedestrian's Action					Passenger Distraction					Restriction Violation					Jackknifing					Cell Phone Usage					Other Telematics					Driver Distracted					Speed/Weather Conditions					Unsafe Lane Movement					Other					None					<table border="1"><thead><tr><th>Primary 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Surface</td><td></td><td></td><td></td><td></td></tr><tr><td>Shoulder Defective</td><td></td><td></td><td></td><td></td></tr><tr><td>Road Under Construction</td><td></td><td></td><td></td><td></td></tr><tr><td>Severe Crosswinds</td><td></td><td></td><td></td><td></td></tr><tr><td>Obstruction Not Marked</td><td></td><td></td><td></td><td></td></tr><tr><td>Lane Marking Obscured</td><td></td><td></td><td></td><td></td></tr><tr><td>View Obstructed</td><td></td><td></td><td></td><td></td></tr><tr><td>Animal/Object in Roadway</td><td></td><td></td><td></td><td></td></tr><tr><td>Traffic Ctl Inop/Missing/Obscure</td><td></td><td></td><td></td><td></td></tr><tr><td>Utility Work</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Environment Contributing Circumstances	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Glare					Roadway Surface					Holes/Ruts in 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Local ID
201322428

Type of Crash

LEFT TURN

Time Notified 6:00 PM	Time Arrived 6:10 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 06/11/2013	
Investigating Officer ALVEY, B		ID No. 3070	Agency FISHERS PD	Reviewing Officer	

Narrative

D2 stated he was westbound on East 116th St when V1 pulled out from Gray Eagle and struck the passenger side of his vehicle causing damage to both vehicles and injuries. D2's 15YO passenger was treated and released at the scene by Fishers Fire Dept.

D1 stated she was turning left from Gray Eagle onto East 116th St and collided with V2 causing damage to both vehicles and injuries. D1 was transported to the hospital by Fishers Fire Dept.

W1 was behind V2 on East 116th St and was turning north onto Gray Eagle Dr. W1 stated V1 pulled out from Gray Eagle Dr and struck V1 (which was still westbound) causing damage and injuries.

UNIT INFORMATION

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Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT									
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 03/08/1973		Age 40		Gender FEMALE		EMS No. 0625		Inmed Attn YES		Driver Injury Status NON-INCAPACITATING			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury ELBOW/LOWER ARM					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 1		Color RED		Vehicle Year 2012		Make HYUNDAI		Model SONATA		Style 4D			
# Occupants 1		Lic Year 2013		License # [REDACTED]		License State IN							
# Axles 2		Speed Limit 40		Insured By FARM BUREAU		Phone Number 3175761864							
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver					
FISHERS IN 46037				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front [REDACTED] Rear [REDACTED]					
Areas Damaged (Multiples) ☒ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front [REDACTED] Rear [REDACTED]									
Vehicle Use PERSONAL (FARM, COMPANY)				Emergency Run? NO				Fire? NO					
Vehicle Type PASSENGER CAR/STATION WAGON				Pre-Crash Vehicle Action TURNING LEFT				Direction of Travel SOUTH					
Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)				Private Drive ☐ Alley					
Event Collision With 1. ANOTHER MOTOR VEHICLE													
HAZMAT Proper Shipping Name: US DOT#				State DOT#									
Gross Vehicle Weight Rating				Cargo Body Type									
HAZMAT Placard				HAZMAT Release of Cargo				HAZMAT 4-Digit ID#					
HAZMAT Class #													

UNIT INFORMATION

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Local ID
201322428

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT											
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES											
FISHERS IN 46038				Ejection/Trapped NOT EJECTED OR TRAPPED											
Date of Birth 06/07/1981		Age 32		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status					
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury					
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury							
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results							
Veh# 2		Color GREEN		Vehicle Year 2000		Make HONDA		Model ACCORD		Style 4D		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☐ Rear ☐ ☐ ☐	
# Occupants 2		Lic Year 2013		License # [REDACTED]		License State IN						Front ☐ ☒ ☐ Rear ☐ ☐ ☐			
# Axles 2		Speed Limit 40		Insured By BRISTOL WEST		Phone Number 3176630405						Front ☐ ☒ ☐ Rear ☐ ☐ ☐			
Vehicle Identification# [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Areas Damaged (Multiples) ☒ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ ☐ ☐ Rear ☐ ☐ ☐	
FISHERS IN 46038				Towed? To GARNERS YES By GARNERS				Due to Disabling Damage YES				Vehicle Use PERSONAL (FARM, COMPANY)		Emergency Run? Fire? NO	
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON				Pre-Crash Vehicle Action GOING STRAIGHT		Direction of Travel WEST	
Veh Year				Make				Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)			
License#				Address (Street, City, State, Zip)				Event Collision With 1. ANOTHER MOTOR VEHICLE							
Veh Year				Make											
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 #			

NON-DRIVER INJURED INFORMATION

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Injured Pre-crash Location: Veh# 2 INJURED			Safety Equipment Used LAP + HARNESS		
Name (Last, First, MI) [REDACTED]			Safety Equipment Effective? YES		
Address (Street, City, State, Zip) [REDACTED]			Ejection/Trapped NOT EJECTED OR TRAPPED		
FISHERS IN 46038			EMS No. 3338	Immed Attn NO	Injury Status NON-INCAPACITATING
Date of Birth 02/08/1998	Age 15	Gender MALE	Nature of Most Severe Injury MINOR BLEEDING		
Position in or on Vehicle			Location of Most Severe Injury FACE		
☐ Front ☒ ☐ ☐ ☐ ☐ ☐ ☐ Rear			Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results PBT		Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear			Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results PBT		Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear			Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results PBT		Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear			Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results PBT		Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
☐ Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear			Test Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		
			Alcohol Results PBT		Drug Results



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902748153

Local ID

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201631672

Date of Crash 07/28/2016	Day of Week Thu	Actual Local Time 8:30 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange GRAY EAGLE DR		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?	Crash Latitude	Crash Longitude		
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2		
☐	☐	☐	☐	☐	☐	Hit and Run	NO
☐	☐	☐	☐	☐	☐	School Zone	NO
☐	☐	☐	☐	☐	☐	Rumble Strips	NO
☐	☐	☐	☐	☐	☐	Locality	URBAN
☐	☐	☐	☐	☐	☐	Light Condition	DAYLIGHT
☐	☐	☐	☐	☐	☐	Weather Conditions	CLEAR
☐	☐	☐	☐	☐	☐	Surface Condition	DRY
☐	☐	☐	☐	☐	☐	Type of Median	
☐	☐	☐	☐	☐	☐	Type of Roadway Junction	NO JUNCTION INVOLVED
☐	☐	☐	☐	☐	☐	Road Character	STRAIGHT/LEVEL
☐	☐	☐	☐	☐	☐	Roadway Surface	ASPHALT
☐	☐	☐	☐	☐	☐	Construction	If Yes, Construction Type
☐	☐	☐	☐	☐	☐	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:

\$1001 TO \$2500

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	
☐ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant			ULICZNY, ERIC	
Address etc.			Non-Motorist Type	Non-Motorist Action
			PEDALCYCLIST	ON ROADWAY
Phone #			Apparent Physical Condition	
			NORMAL	
☐ Witness	#	Name	Cited?	Direction
☐ Other Participant			NO	WEST
Address etc.			Street/Highway	
			116TH ST	
Phone #			Traffic Control?	If yes, was traffic control operational?
			NO	NO

Local ID

201631672

**Type of
Crash**

RIGHT ANGLE

Time Notified 8:36 PM	Time Arrived 8:41 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 07/28/2016	
Investigating Officer CAMPBELL, K		ID No. 3143	Agency FISHERS PD	Reviewing Officer	

Narrative

V1 was on Gray Eagle Drive turning west onto 116th Street when it struck V2. D1 stated in summary he pulled onto 116th Street from Gray Eagle to go west and did not see V2 which was a bicycle. V2 struck the front driver's side fender of V1 as a result of V1 pulling out in front of V2.

D2 stated in summary he was cycling on 116th Street at Gray Eagle Drive when V1 pulled out in front of him causing a collision.

D2 had a defect above his right eye and was treated at the scene by Fishers Fire Emergency Services.

END NARRATIVE

OFC. K. CAMPBELL-3143

UNIT INFORMATION

902748153

Page 3 of 4

Local ID
201631672

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS													
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES													
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED													
Date of Birth 06/25/1996		Age		Gender MALE		EMS No.		Inmed Attn NO		Driver Injury Status							
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury							
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury									
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes					
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results									
Veh# 1		Color WHI		Vehicle Year 2016		Make TOYOTA		Model RAV		Style 4W		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒		Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2016		License # [REDACTED]		License State IN						Front ☐ ☐ ☒		Rear ☐ ☐ ☐			
# Axles 2		Speed Limit 40		Insured By INDIANA FARM BUREAU		Phone Number 3175981864						Front ☐ ☐ ☒		Rear ☐ ☐ ☐			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown				Front ☐ ☐ ☒		Rear ☐ ☐ ☐			
Address (Street, City, State, Zip) [REDACTED]								Vehicle Use PERSONAL (FARM, COMPANY)									
FISHERS IN 46037-8109								Emergency Run? NO				Fire? NO					
Towed? To NO By		Due to Disabling Damage		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver		Vehicle Type PASSENGER CAR/STATION WAGON							
License#		Address (Street, City, State, Zip)		Veh Year		Make				Pre-Crash Vehicle Action TURNING RIGHT							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver		License#		Address (Street, City, State, Zip)		Direction of Travel SOUTHWEST							
Veh Year		Make		Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		State DOT#		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier ☒ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp							
US DOT#		ICC#		CMV Inspection		If Yes		Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With 1. BICYCLE					
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #											

NON-DRIVER INJURED INFORMATION

902748153

Page 4 of 4

Local ID
201631672

Injured Pre-crash Location: Veh# PEDALCYCLIST			Safety Equipment Used		
Name (Last, First, MI) [REDACTED]			Safety Equipment Effective?		
Address (Street, City, State, Zip) [REDACTED]			Ejection/Trapped		
FISHERS IN 46037			EMS No.	Immed Attn NO	Injury Status NON-INCAPACITATING -
Date of Birth 07/10/1972	Age 44	Gender MALE	Nature of Most Severe Injury CONTUSION/BRUISE		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Location of Most Severe Injury FACE		
			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
			Alcohol Results PBT	Certified Test ☐ Pending	Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Location of Most Severe Injury		
			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
			Alcohol Results PBT	Certified Test ☐ Pending	Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Location of Most Severe Injury		
			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
			Alcohol Results PBT	Certified Test ☐ Pending	Drug Results
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Immed Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle ☐ Front ☐☐☐ ☐☐☐ ☐☐☐ ☐ Rear			Location of Most Severe Injury		
			Test Given	Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT	
			Alcohol Results PBT	Certified Test ☐ Pending	Drug Results



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903852645

Local ID

Page 1 of 4

202129507

Date of Crash 08/10/2021	Day of Week Tue	Actual Local Time 1:40 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KITTERY DR		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?		Crash Latitude		Crash Longitude					
Driver #1		Driver #2			Driver #3		Driver #4							
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLOUDY Surface Condition DRY Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/GRADE Roadway Surface CONCRETE Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN Traffic Control Device Operational? NA Was this crash the result of aggressive driving? NO				
Total Estimate of all damage in the Crash: \$5001 TO \$10000														
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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

202129507

**Type of
Crash**

RIGHT TURN

Time Notified 1:45 PM	Time Arrived 1:52 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 08/10/2021	
Investigating Officer SKAGGS, T		ID No. 3117	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that she was south on Kittery Drive stopped at the stop sign at 116th Street. D1 stated that westbound traffic in the right lane was clear. D1 stated that she began to initiate her right turn and was impacted in the front driver side of her vehicle by V2. D1 stated that she thinks V2 was traveling west on 116th Street in the left lane and then initiated a lane change while she was turning causing the crash.

D2 stated that he was traveling west on 116th Street in the right lane. D2 stated that as he was passing Kittery Drive, V1 pulled out into his travel lane. D2 stated that he attempted to swerve to the left to avoid the collision but was not able to.

UNIT INFORMATION

903852645

Page 3 of 4

Local ID
202129507

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/07/2001		Age 20		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color GRAY		Vehicle Year 2013	
# Occupants 1		Lic Year 2021		License #	
# Axles 2		Speed Limit 40		Insured By STATE FARM INS	
Vehicle Identification #		Make TOYOTA		Model PRIUS	
Registered Owner's Name (Last, First, MI)		License State IN		Style HB	
Address (Street, City, State, Zip)		Phone Number 7652865303		Initial Impact Area	
FISHERS		IN 46037		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To YES By GARNERS TOWING		Due to Disabling Damage YES		Areas Damaged (Multiples)	
Lic State		Lic Year		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License#		Registered Owner's Name (Last, First, MI)		☐ Same as Driver	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
License#		Registered Owner's Name (Last, First, MI)		Emergency Run? NO	
Veh Year		Make		Fire?	
Commercial Vehicle: Carrier's Name and Address		State DOT#		Vehicle Type	
HAZMAT Proper Shipping Name:		CMV Inspection		PASSENGER CAR/STATION WAGON	
US DOT#		ICC#		Pre-Crash Vehicle Action	
Gross Vehicle Weight Rating		Cargo Body Type		TURNING RIGHT	
HAZMAT Placard		HAZMAT Release of Cargo		Direction of Travel	
HAZMAT 4-Digit ID#		Hazard Class #		SOUTHWEST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
				Event Collision With 1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

903852645

Page 4 of 4

Local ID
202129507

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/10/1983		Age 58		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color SILVER		Vehicle Year 2012	
# Occupants 2		Lic Year 2022		License #	
# Axles 2		Speed Limit 40		Insured By SAFECO INS CO	
Vehicle Identification #		Model CAPTIVA		Style 4W	
Registered Owner's Name (Last, First, MI)		License State IN		Phone Number 3172242780	
Address (Street, City, State, Zip)				Initial Impact Area	
FISHERS		IN 46037		☐ Undercarriage ☒ Front ☐ Rear	
Towed? To YES By FISHERS TOWING		Due to Disabling Damage YES		☐ Trailer ☐ None ☐ Unknown	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ Same as Driver	
License #		Address (Street, City, State, Zip)		Areas Damaged (Multiples)	
Veh Year 2012		Make CAPTIVA		☐ Undercarriage ☒ Front ☐ Rear	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ Trailer ☐ None ☐ Unknown	
License #		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year 2012		Make CAPTIVA		PERSONAL (FARM, COMPANY)	
Commercial Vehicle: Carrier's Name and Address				Emergency Run? NO	
HAZMAT Proper Shipping Name:		State DOT#		Vehicle Type	
US DOT#		ICC#		PASSENGER CAR/STATION WAGON	
CMV Inspection		If Yes		Pre-Crash Vehicle Action	
Gross Vehicle Weight Rating		Cargo Body Type		GOING STRAIGHT	
HAZMAT Placard		HAZMAT Release of Cargo		Direction of Travel	
HAZMAT 4-Digit ID#		Hazard Class #		WEST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road ☐ Two Lanes - Two Way	
				☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier	
				☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median	
				☒ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley	
				☐ Multi-Lane w/ Cable Barrier ☐ Ramp	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

State Id
904122301

Local Id
202240046

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 2 Fatalities 0

Page 1 of 4

Printed on 9/29/2022 4:10:17 PM

FISHERS PD, ORI 0290700

Drivers	1. ADAMS, EVAN M; 2. WAGONER, LEAH E
---------	--------------------------------------

Crash Details	Location E 116TH ST at intersection of KITTERY DR			County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 09/29/2022	Day of Week Thursday	Crash Time 14:32	Date of Report 09/29/2022	Latitude 39.95745949	Longitude -85.96052030
	Weather Condition CLOUDY	Light Condition DAYLIGHT	Locality URBAN		Inside Corporate Limits? YES	☐ School Zone
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ Train or Rail Equipment	
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Rumble Strips ☐ Deer	

Investigative Information	Time Notified 1435	Time Arrived 1444	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash LEFT TURN	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☒ Photos taken	Total Estimate of all damage in Crash: \$25001 TO \$50000
	Investigative Officer YODER, ROSS	Agency FISHERS PD	ID Number 3210		
	Reviewing Officer				
	Assisting Officer				

Narrative	The following was written by YODER, ROSS
	On Thursday, September 29, 2022 at 2:32 PM, I Officer Yoder (Fishers Police Department) responded to a crash on E 116th St at the intersection of Kittery Dr. I arrived on scene and confirmed that there were reports of injuries. I asked dispatch to start the Fishers Fire Department to the scene to care for the injured. At the time of the crash, the weather was cloudy, daylight, approximately 65 degrees Fahrenheit, and the road surface was dry.
	I met with Leah Wagoner (D2), the driver of the black 2015 Lexus RX4 [REDACTED] (2), who stated she was traveling west on E 116th Street and approaching the intersection of Kittery Drive when another vehicle turned in front of her vehicle and struck her. V2 suffered damage to the front bumper and grill being pushed inward. D2 complained of pain in her left hand, left arm, and abdomen. D2's juvenile child, was also possibly injured, and was seated in the rear right passenger seat, in a child harness. D2 was wearing her seatbelt and airbags had deployed in this crash. V2 was towed from the scene by Millers Towing. D2 was transported to Community North Hospital for further treatment.
	I then met with Evan Adams (D1), the driver of the white 2013 Ford F-150 ([REDACTED]), V1), who stated he was traveling east on E 116th Street and preparing to turn north on Kittery Drive. D1 observed another pickup truck travel south, from Kittery Drive, and prepare to turn east on E 116th Street. D1 could not observe westbound traffic, believed he had a clearing, and proceeded to turn left and striking V2. V1 suffered damage to the front right bumper, front right tire, and quarter panel being pushed inward. D1 was wearing his seatbelt and airbags had deployed in this crash. V1 was towed from the scene by Fishers Towing.

Both drivers were given the personal injury vehicle crash report and instructed to contact their insurance companies to advise of the crash. A crash report was completed and this ends my involvement with this incident at this time.

End of Report
Yoder - 3210
Axon Available

State Id
904122301

Local Id
202240046

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 2 Fatalities 0

Page 2 of 4

Printed on 9/29/2022 4:10:17 PM

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name [REDACTED]		First [REDACTED]	Middle [REDACTED]	
Address [REDACTED]		DOB 11/09/2003	Age 18	Gender M
Driver's License Number [REDACTED]		Lic Type OP	Lic State IN	CDL Class
Apparent Physical Status NORMAL		Restrictions NONE		
Test Given NONE		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT		Safety Equipment Effective YES	Ejection/Trapped NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh # 1	Color WHITE	Veh Year 2013	Occupants 2	Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown
Make FORD	Model F150	Style 2-DOOR		
Insured By BARRETT AND ASSOCIATES				
Policy # [REDACTED]	Ins Phone # [REDACTED]			
VIN [REDACTED]	Areas of Damage ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Plate Number [REDACTED]	Plate Exp Year 2023	Plate State IN	Towed? YES	
Towed Due to Disabling Damage? YES		Company Towed By FISHERS TOWING		
Vehicle Use PERSONAL (FARM, COMPANY)		City Towed To CICERO		
Event Collision With ANOTHER MOTOR VEHICLE		Fire? NO		
Emergency Run?	Type of Roadway MULTI-LANE DIVIDED 3 OR MORE (TWO-WAY)	Roadway Character STRAIGHT/GRADE		
Direction of Travel NORTHEAST	Pre-Crash Vehicle Action TURNING LEFT	# of Axles 2	☐ Oversized	
Speed Limit 40	Traffic Control Devices LANE CONTROL	Devices Operational?		
Owner Information				
Vehicle Owner's Name [REDACTED]		Address (Street/City, State Zip) [REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☒ Immediate Medical Attention
Last Name [REDACTED]		First [REDACTED]	Middle E	
Address [REDACTED]		DOB 02/21/1973	Age 49	Gender F
Driver's License Number [REDACTED]		Lic Type OP	Lic State IN	CDL Class
Apparent Physical Status NORMAL		Restrictions CORRECTIVE LENSES		
Test Given NONE		Type Given		
Driver Injury Status NON-INCAPACITATING		EMS Number 1133		
Nature of Most Severe Injury CONTUSION/BRUISE		Location of Most Severe Injury ELBOW/LOWER ARM		
Safety Equipment Used AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT		Safety Equipment Effective YES	Ejection/Trapped NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh # 2	Color BLACK	Veh Year 2015	Occupants 2	Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown
Make LEXUS	Model RX	Style 4-DOOR		
Insured By AAA				
Policy # [REDACTED]	Ins Phone # 800-207-3618			
VIN [REDACTED]	Areas of Damage ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Plate Number [REDACTED]	Plate Exp Year 2022	Plate State IN	Towed? YES	
Towed Due to Disabling Damage? YES		Company Towed By MILLERS TOWING		
Vehicle Use PERSONAL (FARM, COMPANY)		City Towed To NOBLESVILLE		
Event Collision With ANOTHER MOTOR VEHICLE		Fire? NO		
Emergency Run?	Type of Roadway MULTI-LANE DIVIDED 3 OR MORE (TWO-WAY)	Roadway Character STRAIGHT/GRADE		
Direction of Travel WEST	Pre-Crash Vehicle Action GOING STRAIGHT	# of Axles 2	☐ Oversized	
Speed Limit 40	Traffic Control Devices LANE CONTROL	Devices Operational?		
Owner Information				
Vehicle Owner's Name [REDACTED]		Address (Street/City, State Zip) [REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904122301

Local Id
202240046

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 2 Fatalities 0

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FISHERS PD, ORI 0290700

Non-Driver Injured	Injured Pre-crash Location Unit 2 - REAR RIGHT	Name (Last, First MI) [REDACTED]	Address (Street, City, State, Zip) [REDACTED]		Gender MALE	Date of Birth 6/24/2016	Age 6
	Injury Status POSSIBLE	Nature of Most Severe Injury COMPLAINT OF PAIN	Location of Most Severe Injury NECK		Taken for Immediate Medical Attention NO		EMS Number 1133
	Safety Equipment Used MULTI-POINT HARNESS		Safety Equipment Effective? YES		Ejection/Trapped NOT EJECTED OR TRAPPED		

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 : NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,VIEW OBSTRUCTED
	Unit 2 : NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Witnesses	☒ Witness ☐ Other Participant	Address (Street/City, State Zip) [REDACTED]	Phone Number [REDACTED]	Location at Time of Crash EB BEHIND V1
	Name [REDACTED]			

Indiana Officer's Standard Crash Report

Hit and Run ☐

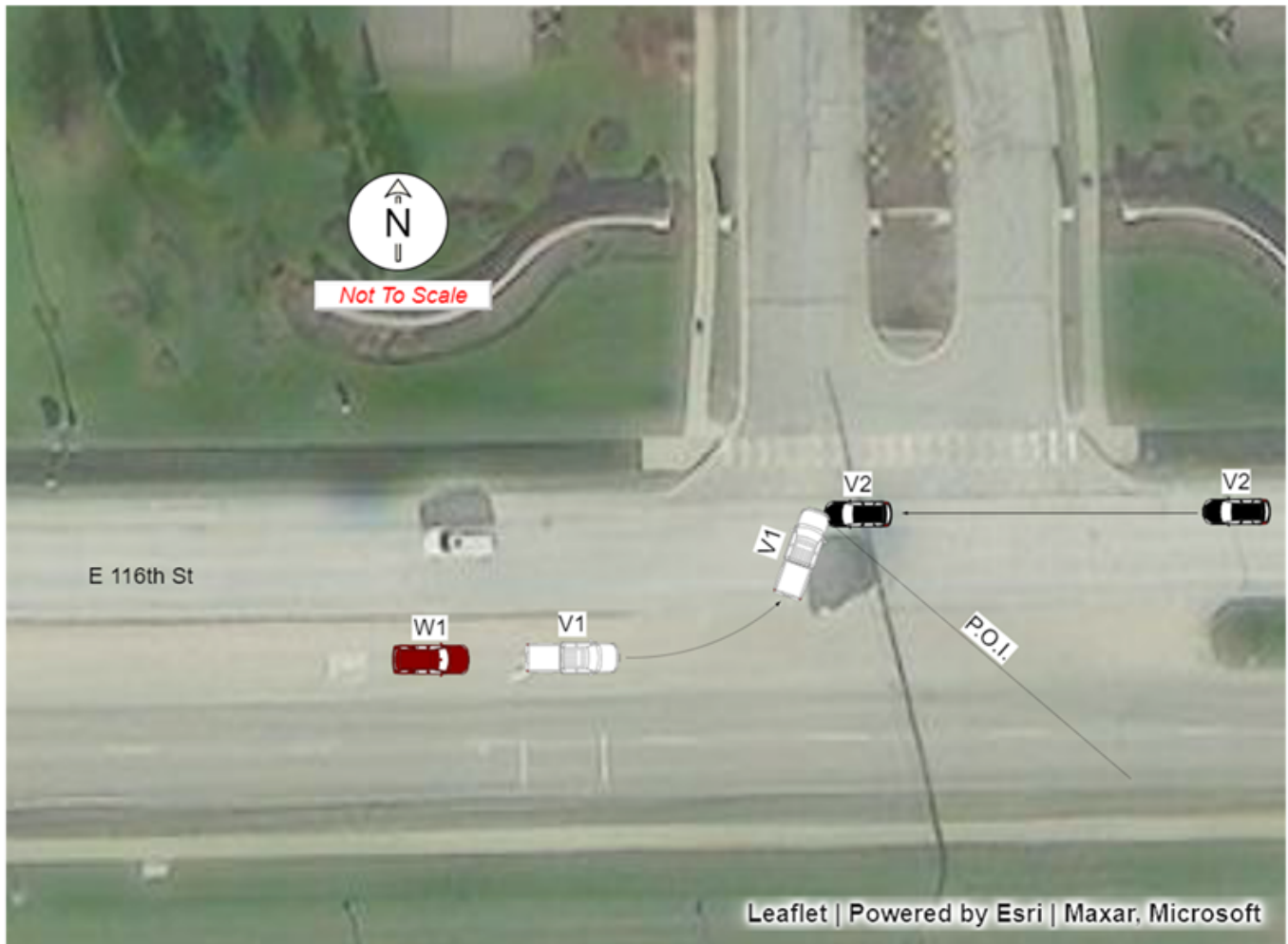
Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

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Printed on 9/29/2022 4:10:17 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904210877

Local Id
2023-00002796

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 1 of 4

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location E 116TH ST at intersection of KITTERY DR		County HAMILTON	Township FALL CREEK	City FISHERS
	Crash Date 01/19/2023	Day of Week Thursday	Crash Time 07:45 AM	Date of Report 01/19/2023	Latitude 39.95748394
	Weather Condition CLOUDY	Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES	Longitude -85.96063524
	Roadway Surface CONCRETE	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ School Zone
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Train or Rail Equipment
					☐ Rumble Strips
Investigative Information	Time Notified 0753	Time Arrived 0756	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash REAR END	Other Location of Investigation AT SCENE ONLY	☒ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash: \$10001 TO \$25000
	Investigative Officer THOMPSON, ROB	Agency FISHERS PD	ID Number 3069		
	Reviewing Officer THOMPSON, ROB	Agency FISHERS PD	ID Number 3069		
	Assisting Officer				
	Assisting Officer				
Narrative	The following was written by THOMPSON, ROB				
	On Thursday, January 19, 2023 at 07:45, Thompson, Rob responded to a crash on E 116th St at intersection of Kittery Dr. At the time of the crash, the weather was cloudy and the road surface was Dry. Vehicle 1, Black Toyota Camry, Turning right. Vehicle 2, Black Jeep Compass, Going straight. D1 stated he was pulling onto 116th Street . D1 stated a vehicle was turning left and he thought he had enough room to pull into traffic. D1 stated he pulled forward and was stuck from behind by V2. D2 stated he was west bound on 116th Street. D2 stated V1 pulled out in front of him. D2 stated he attempted to stop but was unable too. V2 struck V1 from behind.				

State Id
904210877

Local Id
2023-00002796

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 4

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FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
		12/05/1994	28	M
Driver's License Number		Lic Type	Lic State	CDL Class
		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		GLASSES/CONTACTS		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
1	BLACK	2022	1	
Make	Model			
TOYOTA	CAMRY			
Style				
4-DOOR				
Insured By				
TRAVLERS				
Policy #	Ins Phone #			
	877-490-4454			
VIN				
Plate Number	Plate Exp Year	Plate State		
782DLM	2023	IN		
Towed?	Towed Due to Disabling Damage?			
NO				
Company Towed By	City Towed To		Fire?	
			NO	
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI-LANE W/CURB RAISED MEDIAN	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
SOUTHWEST	TURNING RIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
35	LANE CONTROL			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State, Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name		First		Middle
Address		DOB	Age	Gender
		07/03/1993	29	M
Driver's License Number		Lic Type	Lic State	CDL Class
		OP	IN	
Apparent Physical Status		Restrictions		
NORMAL		GLASSES/CONTACTS		
Test Given		Type Given		
NONE				
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used		Safety Equipment Effective	Ejection/Trapped	
MULTI-POINT HARNESS		YES	NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh #	Color	Veh Year	Occupants	Initial Impact Area
2	BLACK	2018	1	12
Make	Model			
JEEP	COMPASS			
Style				
4-DOOR				
Insured By				
NATIONWIDE				
Policy #	Ins Phone #			
	800-421-3535			
VIN				
Plate Number	Plate Exp Year	Plate State		
UI3983	2023	IN		
Towed?	Towed Due to Disabling Damage?			
YES	YES			
Company Towed By	City Towed To		Fire?	
MILLERS TOWING			YES	
Vehicle Use		Event Collision With		
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway	Roadway Character		
	MULTI-LANE W/CURB RAISED MEDIAN	STRAIGHT/LEVEL		
Direction of Travel	Pre-Crash Vehicle Action	# of Axles	☐ Oversized	
WEST	GOING STRAIGHT	2		
Speed Limit	Traffic Control Devices	Devices Operational?		
35	LANE CONTROL			
Owner Information				
Vehicle Owner's Name		Address (Street/City, State, Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904210877

Local Id
2023-00002796

Indiana Officer's Standard Crash Report

Hit and Run ☐

Vehicles 2 Commercial 0 Injuries 0 Fatalities 0

Page 3 of 4

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 : NONE (VEHICLE),FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
	Unit 2 : NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904210877

Local Id
2023-00002796

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904469808

Local Id
2024-12396

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

Indiana Officer's Standard Crash Report

Vehicles 3 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

Page 1 of 5

FISHERS PD, ORI 0290700

Drivers	1. [REDACTED]				
Crash Details	Location E. 116TH ST. 100 feet W of KITTERY DR.		County HAMILTON	Township DELAWARE	City FISHERS
	Crash Date 03/11/2024	Day of Week Monday	Crash Time 19:02 PM	Date of Report 03/11/2024	Latitude 39.95734033
				Longitude -85.96239442	
	Weather Condition CLOUDY	Light Condition DAYLIGHT	Locality URBAN	Inside Corporate Limits? YES	☐ School Zone
	Roadway Surface ASPHALT	Surface Condition DRY	Roadway Classification LOCAL/CITY ROAD		☐ Train or Rail Equipment
	☐ Construction Zone	Construction Type	Roadway Junction T-INTERSECTION	Railroad Crossing #	☐ Rumble Strips ☐ Deer ☐ Underride crash
Investigative Information	Time Notified 1904	Time Arrived 1909	Primary Factor FAILURE TO YIELD RIGHT OF WAY (Unit 1)		Did this crash happen as a result of another incident? NO
	Type of Crash RIGHT ANGLE	Other Location of Investigation AT SCENE ONLY		☒ Investigation Complete	☒ Photos taken
			☐ Reconstruction Performed	Total Estimate of all damage in Crash: \$25001 TO \$50000	
	Investigative Officer DOYLE, ERIC	Agency FISHERS PD	ID Number 3218		
	Reviewing Officer				
	Assisting Officer				
	Assisting Officer				
Reconstruction Officer					
Narrative	The following was written by DOYLE, ERIC				
	On Monday, March 11, 2024 at 19:02, DOYLE, ERIC responded to a crash on E. 116th St. 100 ft at the intersection of Kittery Dr. and the road surface was Dry.				
	Vehicle 1, Black Honda Hr-V, Turning left. Vehicle 2, Silver Aluminum Ford F150, Going straight. Vehicle 3, Black Toyota Camry, Slowing or stopped in traffic.				
	Driver 1 stated that she was traveling westbound on E. 116th St. when she decided to turn southbound into the private lot at 11481 E. 116th St. (Fresh Thyme) when due to the sun didn't see vehicle 2 causing her to turn in front of vehicle 1 causing the accident. Vehicle 1 was then spun and struck the front end of vehicle 3.				
	Driver 1 was then investigated for OWI Impairment by Officer Peters. Vehicle 1 was towed by Interstate Delaware South towing for disabling damage.				
Driver 2 stated that he was traveling eastbound on E. 116th St. when vehicle 1 failed to yield the right of way and turned south into the private lot at 11481 E. 116th St. causing him to strike vehicle 1 which pushed vehicle 1 to strike vehicle 3.					
Vehicle 2 was towed by Miller's Towing for disabling damage.					
Driver 3 stated he was stopped at the red light, facing northbound, from the private lot at 11481 E. 116th St. when vehicle 1, traveling westbound, decided to turn southbound to the private lot from E. 116th St. causing vehicle 2 to strike her. The ensuing collision caused vehicle 1 to strike vehicle 3.					
Vehicle 3 was not towed.					

State Id
904469808

Local Id
2024-12396

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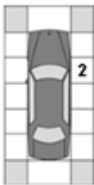
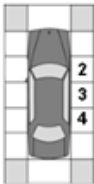
Indiana Officer's Standard Crash Report

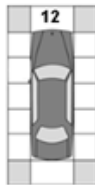
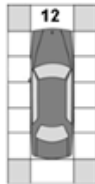
Hit and Run ☐

Vehicles 3 Commercial 0 Injuries 0 Fatalities 0

Page 2 of 5

FISHERS PD, ORI 0290700

Unit 1 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name [REDACTED]		First [REDACTED]		Middle L
Address [REDACTED]		DOB 02/09/1959	Age 65	Gender F
Driver's License Number [REDACTED]		Lic Type OP	Lic State INDIANA	CDL Class
Apparent Physical Status NORMAL		Restrictions NONE		
Test Given ALCOHOL		Type Given BLOOD		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT		Safety Equipment Effective YES	Ejection/Trapped NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh # 1	Color BLACK	Veh Year 2019	Occupants 1	Initial Impact Area 
Make HONDA		Model HR-V		☐ Undercarriage
Style 4-DOOR				☐ Trailer
Insured By INDIANA FARMERS				☐ None
Policy # UNKNOWN AT THIS TIME		Ins Phone # 800-477-1660		☐ Unknown
VIN [REDACTED]				☐ Damage to Roof
Plate Number [REDACTED]		Plate Exp Year 2024	Plate State INDIANA	Areas of Damage 
Towed? YES	Towed Due to Disabling Damage? YES			
Company Towed By INTERSTATE DELAWARE		City Towed To FISHERS		Fire? NO
Vehicle Use PERSONAL (FARM, COMPANY)		Event Collision With ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway M-LANE RD WTH CONCRETE BARRIER MEDIAN	Roadway Character STRAIGHT/LEVEL		
Direction of Travel SOUTH	Pre-Crash Vehicle Action TURNING LEFT	# of Axes 2	☐ Oversized	
Speed Limit 35	Traffic Control Devices TRAFFIC CONTROL SIGNAL	Devices Operational? YES		
Owner Information				
Vehicle Owner's Name [REDACTED]		Address (Street/City, State Zip) [REDACTED]		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

Unit 2 Driver		☐ Hit & Run	☐ Aggressive Driving	☐ Immediate Medical Attention
Last Name [REDACTED]		First [REDACTED]		Middle M
Address [REDACTED]		DOB 02/22/2005	Age 19	Gender M
Driver's License Number [REDACTED]		Lic Type OP	Lic State INDIANA	CDL Class
Apparent Physical Status NORMAL		Restrictions NONE		
Test Given NONE		Type Given		
Driver Injury Status		EMS Number		
Nature of Most Severe Injury		Location of Most Severe Injury		
Safety Equipment Used AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT		Safety Equipment Effective YES	Ejection/Trapped NOT EJECTED OR TRAPPED	
If Cited	IC Codes			
Vehicle Information				
Veh # 2	Color SILVER/ALU	Veh Year 2011	Occupants 1	Initial Impact Area 
Make FORD		Model F150		☐ Undercarriage
Style PICK-UP (TRUCKS)				☐ Trailer
Insured By WISE INSURANCE AGENCY				☐ None
Policy # [REDACTED]		Ins Phone # 800-558-9473		☐ Unknown
VIN [REDACTED]				☐ Damage to Roof
Plate Number [REDACTED]		Plate Exp Year 2024	Plate State INDIANA	Areas of Damage 
Towed? YES	Towed Due to Disabling Damage? YES			
Company Towed By MILLERS TOWING		City Towed To NOBLESVILLE		Fire? NO
Vehicle Use PERSONAL (FARM, COMPANY)		Event Collision With ANOTHER MOTOR VEHICLE		
Emergency Run?	Type of Roadway M-LANE RD WTH CONCRETE BARRIER MEDIAN	Roadway Character STRAIGHT/LEVEL		
Direction of Travel EAST	Pre-Crash Vehicle Action GOING STRAIGHT	# of Axes 2	☐ Oversized	
Speed Limit 35	Traffic Control Devices TRAFFIC CONTROL SIGNAL	Devices Operational? YES		
Owner Information				
Vehicle Owner's Name		Address (Street/City, State Zip)		
Commercial Vehicle Information				
Carrier's Name		Address (Street, City, State, Zip)		
US DOT Number	CMV Inspection			
HAZMAT Placard	HAZMAT Proper Shipping Name	HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type	

State Id
904469808

Local Id
2024-12396

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Indiana Officer's Standard Crash Report

Vehicles 3 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Unit 3 Driver		☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention		
Last Name		First		Middle				
Address		DOB		Age		Gender		
		05/06/1990		33		M		
Driver's License Number		Lic Type		Lic State		CDL Class		
		OP		INDIANA				
Apparent Physical Status		Restrictions						
NORMAL		CORRECTIVE LENSES						
Test Given		Type Given						
NONE								
Driver Injury Status		EMS Number						
Nature of Most Severe Injury		Location of Most Severe Injury						
Safety Equipment Used		Safety Equipment Effective		Ejection/Trapped				
LAP BELT, SHOULDER BELT		YES		NOT EJECTED OR TRAPPED				
If Cited		IC Codes						
Vehicle Information								
Veh #	Color	Veh Year	Occupants	Initial Impact Area				
3	BLACK	2009	2	12				
Make	Model			☐ Undercarriage				
TOYOTA	CAMRY			☐ Trailer				
Style					☐ None			
4-DOOR					☐ Unknown			
Insured By					☐ Damage to Roof			
AUTO OWNERS INSURANCE								
Policy #	Ins Phone #							
	517-323-1200							
VIN			Areas of Damage					
			☐ Undercarriage					
			☐ Trailer					
			☐ None					
			☐ Unknown					
			☐ Damage to Roof					
Plate Number	Plate Exp Year	Plate State						
542CEC	2024	INDIANA						
Towed?	Towed Due to Disabling Damage?							
NO								
Company Towed By		City Towed To		Fire?				
				NO				
Vehicle Use		Event Collision With						
PERSONAL (FARM, COMPANY)		ANOTHER MOTOR VEHICLE						
Emergency Run?	Type of Roadway		Roadway Character					
	M-LANE RD WTH CONCRETE BARRIER MEDIAN		STRAIGHT/LEVEL					
Direction of Travel	Pre-Crash Vehicle Action		# of Axes		☐ Oversized			
NORTH	SLOWING OR STOPPED IN TRAFFIC		2					
Speed Limit	Traffic Control Devices		Devices Operational?					
35	TRAFFIC CONTROL SIGNAL		YES					
Owner Information								
Vehicle Owner's Name		Address (Street/City, State Zip)						
Commercial Vehicle Information								
Carrier's Name		Address (Street, City, State, Zip)						
US DOT Number	CMV Inspection							
HAZMAT Placard	HAZMAT Proper Shipping Name		HAZMAT Release of Cargo					
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type					

☐ Hit & Run		☐ Aggressive Driving		☐ Immediate Medical Attention	
Last Name		First		Middle	
Address		DOB		Age	
Driver's License Number		Lic Type		Lic State	
Apparent Physical Status		Restrictions			
Test Given		Type Given			
Driver Injury Status		EMS Number			
Nature of Most Severe Injury		Location of Most Severe Injury			
Safety Equipment Used		Safety Equipment Effective		Ejection/Trapped	
If Cited		IC Codes			
Vehicle Information					
Veh #	Color	Veh Year	Occupants	Initial Impact Area	
Make	Model			☐ Undercarriage	
				☐ Trailer	
Style					☐ None
					☐ Unknown
Insured By					☐ Damage to Roof
Policy #	Ins Phone #				
VIN			Areas of Damage		
			☐ Undercarriage		
			☐ Trailer		
			☐ None		
			☐ Unknown		
			☐ Damage to Roof		
Plate Number	Plate Exp Year	Plate State			
Towed?	Towed Due to Disabling Damage?				
Company Towed By		City Towed To		Fire?	
Vehicle Use		Event Collision With			
Emergency Run?	Type of Roadway		Roadway Character		
Direction of Travel	Pre-Crash Vehicle Action		# of Axes		☐ Oversized
Speed Limit	Traffic Control Devices		Devices Operational?		
Owner Information					
Vehicle Owner's Name		Address (Street/City, State Zip)			
Commercial Vehicle Information					
Carrier's Name		Address (Street, City, State, Zip)			
US DOT Number	CMV Inspection				
HAZMAT Placard	HAZMAT Proper Shipping Name		HAZMAT Release of Cargo		
Gross Vehicle Weight Rating	Hazmat 4-digit ID	Hazmat Class #	Cargo Body Type		

State Id
904469808

Local Id
2024-12396

Created on 3/11/2024 9:27:29 PM
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Indiana Officer's Standard Crash Report

Vehicles 3 Commercial 0 Injuries 0 Fatalities 0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Trailers	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

Property Damage	State Property	Description	Owner's Name and Address

Factors	Unit 1 :	NONE (VEHICLE),ALCOHOLIC BEVERAGES,FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)
	Unit 2 :	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)
	Unit 3 :	NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

State Id
904469808

Local Id
2024-12396

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Hit and Run ☐

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FISHERS PD, ORI 0290700

Crash Diagram



End of Report



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902364869

Local ID

Page 1 of 4

201500280

Date of Crash 01/03/2015	Day of Week Sat	Actual Local Time 7:20 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																													
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KITTERY DR		If not an intersection, number of feet from 75	Direction E	Road Classification LOCAL/CITY ROAD																																																																																																																																																																																																																																																																																																															
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																														
Driver #1		Driver #2			Driver #3		Driver #4																																																																																																																																																																																																																																																																																																															
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Local ID
201500280

Type of Crash

REAR END

Time Notified 7:20 PM	Time Arrived 7:25 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 01/03/2015	
Investigating Officer RUBLE, R		ID No. 3149	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was driving EB on E. 116th Street in the left (fast) lane approaching Kittery Drive. D1 said, at that time, she observed V2 pull from Kittery Drive onto EB E. 116th Street in the right (slow) lane. D1 stated she continued driving and was near V2 when V2 suddenly and without warning changed lanes to the left lane directly in V1's lane of travel causing a collision. Neither D1 or her 2 passengers were injured. V1 sustained slight damage to the passenger side front corner of the bumper.

D2 stated she turned from Kittery Drive onto E. 116th Street and into the left (fast) lane when she was sure no one was coming and it was safe to do so. D2 stated V1 suddenly rear ended her from behind at what she suspected to be a higher speed than allowed. D2 was not injured. V2 sustained a large dent to the rear bumper on the driver's side.

UNIT INFORMATION

902364869

Page 3 of 4

Local ID
201500280

Driver's Name (Last, First, MI) 1 [REDACTED]				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 03/20/1997		Age		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color BLU		Vehicle Year 2011		Make FORD		Model ESCAPE		Style 4W	
# Occupants 3		Lic Year 2015		License # [REDACTED]		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
# Axles 2		Speed Limit 40		Insured By FARMERS		Phone Number 3175746600		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☒ Rear ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip) [REDACTED]				INDIANAPOLIS IN 46236-8358				Emergency Run? Fire? NO			
Towed? To NO		By		Due to Disabling Damage		License #		Address (Street, City, State, Zip)		Vehicle Type SPORT UTILITY VEHICLE	
Veh Year		Make		Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver		Pre-Crash Vehicle Action GOING STRAIGHT	
License #		Address (Street, City, State, Zip)		Veh Year		Make		Lic State		Lic Year	
HAZMAT Proper Shipping Name:		State DOT#		Direction of Travel EAST		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☒ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
US DOT#		ICC#		CMV Inspection		If Yes		Event Collision With 1. ANOTHER MOTOR VEHICLE			
Gross Vehicle Weight Rating		Cargo Body Type		HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	

UNIT INFORMATION

902364869

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Local ID
201500280

2 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip)				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 09/07/1987		Age		Gender FEMALE		EMS No.	
Driver's License #		Lic Type OP		CDL Class		Lic State IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT				Drug Results			
Certified Test ☐ Pending				Nature of Most Severe Injury			
Veh# 2 Color BLK Vehicle Year 2010 Make HONDA Model CR-V Style 4W				Location of Most Severe Injury			
# Occupants 1 Lic Year 2014 License # License State IN				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
# Axles 2 Speed Limit 40 Insured By IDS PROP Phone Number 8884045365				IC Codes			
Vehicle Identification#				Initial Impact Area			
Registered Owner's Name (Last, First, MI) ☐ Same as Driver				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip)				Front ☐ ☐ ☐ Rear ☐ ☐ ☒			
FISHERS IN 46037-7551				Areas Damaged (Multiples)			
Towed? To NO By Due to Disabling Damage				Front ☐ ☐ ☐ Rear ☐ ☐ ☒			
License# Address (Street, City, State, Zip)				Vehicle Use			
Veh Year Make				PERSONAL (FARM, COMPANY)			
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Emergency Run? Fire? NO			
License# Address (Street, City, State, Zip)				Vehicle Type			
Veh Year Make				PASSENGER CAR/STATION WAGON			
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Pre-Crash Vehicle Action			
License# Address (Street, City, State, Zip)				GOING STRAIGHT			
Veh Year Make				Direction of Travel			
Commercial Vehicle: Carrier's Name and Address				EAST			
HAZMAT Proper Shipping Name: State DOT#				Type of Primary/Secondary Roadway			
US DOT# ICC# CMV Inspection If Yes				☐ One Way Road ☐ Two Lanes - Two Way ☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median ☒ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley ☐ Multi-Lane w/ Cable Barrier ☐ Ramp			
Gross Vehicle Weight Rating Cargo Body Type				Event Collision With			
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class #				1. ANOTHER MOTOR VEHICLE			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902831413

Local ID

Page

1

of

4

201650798

Date of Crash 12/06/2016	Day of Week Tue	Actual Local Time 6:33 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																													
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KITTERY DR		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?	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																														
Driver #1		Driver #2			Driver #3		Driver #4																																																																																																																																																																																																																																																																																																															
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Traffic Control Device Operational?	NA																																																																																																																																																																																																																																																																																																																					
Was this crash the result of aggressive driving?	NO																																																																																																																																																																																																																																																																																																																					
Total Estimate of all damage in the Crash: \$5001 TO \$10000																																																																																																																																																																																																																																																																																																																						
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																																																																																																																																																																																																																																																																																																																	
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Address etc.					Non-Motorist Type		Non-Motorist Action																																																																																																																																																																																																																																																																																																															
Phone #					Location at Time of Crash		Apparent Physical Condition																																																																																																																																																																																																																																																																																																															
<table border="1"><thead><tr><th>Witness</th><th>#</th><th>Name</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td>Other Participant</td><td></td><td></td></tr></tbody></table>					Witness	#	Name				Other Participant			Cited?		Direction																																																																																																																																																																																																																																																																																																						
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Phone #					Location at Time of Crash		Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																															

Local ID
201650798

**Type of
Crash**

RIGHT ANGLE

Time Notified 6:38 PM	Time Arrived 6:45 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 12/06/2016	
Investigating Officer TUCKER, C		ID No. 3032	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that she was turning left onto 116th St from Kittery Dr. D1 thought she had enough room, however V1 struck V2.

D2 stated that he was going straight on 116th St when V1 pulled out in front of V2. Both vehicles collided.

V2 was towed from the scene due to damage.

UNIT INFORMATION

902831413

Page 3 of 4

Local ID
201650798

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/11/1977		Age 39		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color GRY/		Vehicle Year 2005	
# Occupants 3		Lic Year 2017		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By TRAVELERS INS	
Vehicle Identification #		Make ACURA		Model MDX	
Registered Owner's Name (Last, First, MI)		License State IN		Style UT	
Address (Street, City, State, Zip)		Phone Number 8002524633		Initial Impact Area	
FISHERS		IN 46037-7846		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO		Due to Disabling Damage		Areas Damaged (Multiples)	
Lic State		Registered Owner's Name (Last, First, MI)		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License #		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Registered Owner's Name (Last, First, MI)		Emergency Run?	
License #		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Commercial Vehicle: Carrier's Name and Address				SPORT UTILITY VEHICLE	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		TURNING LEFT	
Gross Vehicle Weight Rating		Cargo Body Type		Direction of Travel	
HAZMAT Placard		HAZMAT Release of Cargo		SOUTH	
HAZMAT 4-Digit ID#		Hazard Class #		Type of Primary/Secondary Roadway	
				☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Ramp	
				Event Collision With 1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

902831413

Page 4 of 4

Local ID
201650798

2		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]		FISHERS IN 46037		Safety Equipment Effective? YES	
Date of Birth 11/06/1983		Age 53		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment		Nature of Most Severe Injury Location of Most Severe Injury If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		IC Codes	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color DRK		Vehicle Year 2014	
# Occupants 1		Lic Year 2017		License # [REDACTED]	
# Axles 2		Speed Limit 40		Insured By AMERIPRISE	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN	
Address (Street, City, State, Zip) [REDACTED]		FISHERS IN 46037		Phone Number 8884045365	
Towed? To YES By BOGGS		Due to Disabling Damage YES		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License#		Address (Street, City, State, Zip)		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Veh Year		Make		Vehicle Use PERSONAL (FARM, COMPANY)	
Lic State		Lic Year		Emergency Run? NO	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver ☐		Fire? NO	
License#		Address (Street, City, State, Zip)		Vehicle Type VAN	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State		Lic Year		Direction of Travel EAST	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver ☐		Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
License#		Address (Street, City, State, Zip)		☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
Veh Year		Make		Event Collision With 1. ANOTHER MOTOR VEHICLE	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		HAZMAT Placard	
State DOT#		US DOT#		HAZMAT Release of Cargo	
ICC#		CMV Inspection		HAZMAT 4-Digit ID#	
If Yes		Gross Vehicle Weight Rating		Hazard Class #	
Cargo Body Type		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903050216

Local ID

Page 1 of 4

201751065

Date of Crash 12/03/2017	Day of Week Sun	Actual Local Time 5:03 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0					
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KITTERY DR		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?	Crash Latitude		Crash Longitude							
Driver #1		Driver #2		Driver #3		Driver #4								
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances ☐ Alcoholic Beverages ☐ Illegal Drugs ☐ Prescription Drugs ☐ Driver Asleep or Fatigued ☐ Driver Illness ☐ Unsafe Speed ☒ Failure to Yield ☐ Disregard Signal ☐ Left of Center ☐ Improper Passing ☐ Improper Turning ☐ Improper Lane Usage ☐ Following Too Closely ☐ Unsafe Backing ☐ Overcorrecting ☐ Ran off Road ☐ Wrong Way on One Way ☐ Pedestrian's Action ☐ Passenger Distraction ☐ Restriction Violation ☐ Jackknifing ☐ Cell Phone Usage ☐ Other Telematics ☐ Driver Distracted ☐ Speed/Weather Conditions ☐ Unsafe Lane Movement ☐ Other ☒ None					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances ☐ Engine Failure or Defective ☐ Accelerator Failure or Defective ☐ Brake Failure or Defective ☐ Tire Failure or Defective ☐ Headlight(s) Defective or Not On ☐ Other Lights Defective ☐ Steering Failure ☐ Window/Windshield Defective ☐ Oversize/Overweight Load ☐ Insecure/Leaky Load ☐ Tow Hitch Failure ☐ Other ☒ None Environment Contributing Circumstances ☐ Glare ☐ Roadway Surface ☐ Holes/Ruts in Surface ☐ Shoulder Defective ☐ Road Under Construction ☐ Severe Crosswinds ☐ Obstruction Not Marked ☐ Lane Marking Obscured ☐ View Obstructed ☐ Animal/Object in Roadway ☐ Traffic Ctl Inop/Missing/Obscure ☐ Utility Work ☐ Other ☒ None					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAYLIGHT Weather Conditions CLEAR Surface Condition DRY Type of Median Type of Roadway Junction T-INTERSECTION Road Character STRAIGHT/LEVEL Roadway Surface ASPHALT Construction NO If Yes, Construction Type Traffic Control Devices STOP SIGN 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									
☐ Witness # Name					(Last Name, First Name, MI)									
☐ Other Participant														
Address etc.					Non-Motorist Type		Non-Motorist Action							
Phone # Location at Time of Crash					Apparent Physical Condition									
☐ Witness # Name					Cited?		Direction							
☐ Other Participant														
Address etc.					Street/Highway									
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?							

Local ID

201751065

**Type of
Crash**

RIGHT ANGLE

Time Notified 5:02 PM	Time Arrived 5:07 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 12/03/2017	
Investigating Officer SMTIH, J		ID No. 3157	Agency FISHERS PD	Reviewing Officer	

Narrative

Unit 1 was on Kittery Dr attempting to turn East onto 116th st, She waited until a vehicle in the closest lane passed by. Thinking it was clear to turn, she attempted the turn and was struck by Unit 2, who was in the furthest lane, concealed from Unit 1's view.

The occupants of Unit 1 were uninjured.

Unit 2 was West bound on 116th St when Unit 1 pulled out in front of her. Unit 2 was unable to stop in time to avoid a collision. The occupants of Unit 2 were uninjured.

UNIT INFORMATION

903050216

Page 3 of 4

Local ID
201751065

1 Driver's Name (Last, First, MI)				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT							
Address (Street, City, State, Zip)				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 08/06/1975		Age 42		Gender FEMALE		EMS No.		Injured Attn		Driver Injury Status	
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Tol/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None				Location of Most Severe Injury			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 1		Color BLU		Vehicle Year 2015		Make FORD		Model FUSION		Style 4D	
# Occupants 2		Lic Year 18		License #		License State IN		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒ Rear ☐ ☐ ☐	
# Axles 2		Speed Limit 40		Insured By AMERICAN FAMILY		Phone Number 0000000000		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☒ Rear ☐ ☐ ☐	
Vehicle Identification#				Registered Owner's Name (Last, First, MI)				Vehicle Use PERSONAL (FARM, COMPANY)			
Address (Street, City, State, Zip)				Emergency Run?				Fire? NO			
FISHERS IN 46037				Vehicle Type PASSENGER CAR/STATION WAGON							
Towed? To BOGGS YES By BOGGS				Due to Disabling Damage YES				Pre-Crash Vehicle Action TURNING LEFT			
License#				Address (Street, City, State, Zip)				Direction of Travel EAST			
Veh Year				Make				Type of Primary/Secondary Roadway ☐ One Way Road ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☒ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier			
License#				Address (Street, City, State, Zip)				☐ Two Lanes - Two Way ☐ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp			
Veh Year				Make				Event Collision With 1. ANOTHER MOTOR VEHICLE			
Commercial Vehicle: Carrier's Name and Address				HAZMAT Proper Shipping Name:				HAZMAT Release of Cargo			
US DOT#				ICC#				HAZMAT 4-Digit ID#			
Gross Vehicle Weight Rating				CMV Inspection				Hazard Class #			
If Yes				Cargo Body Type							

UNIT INFORMATION

903050216

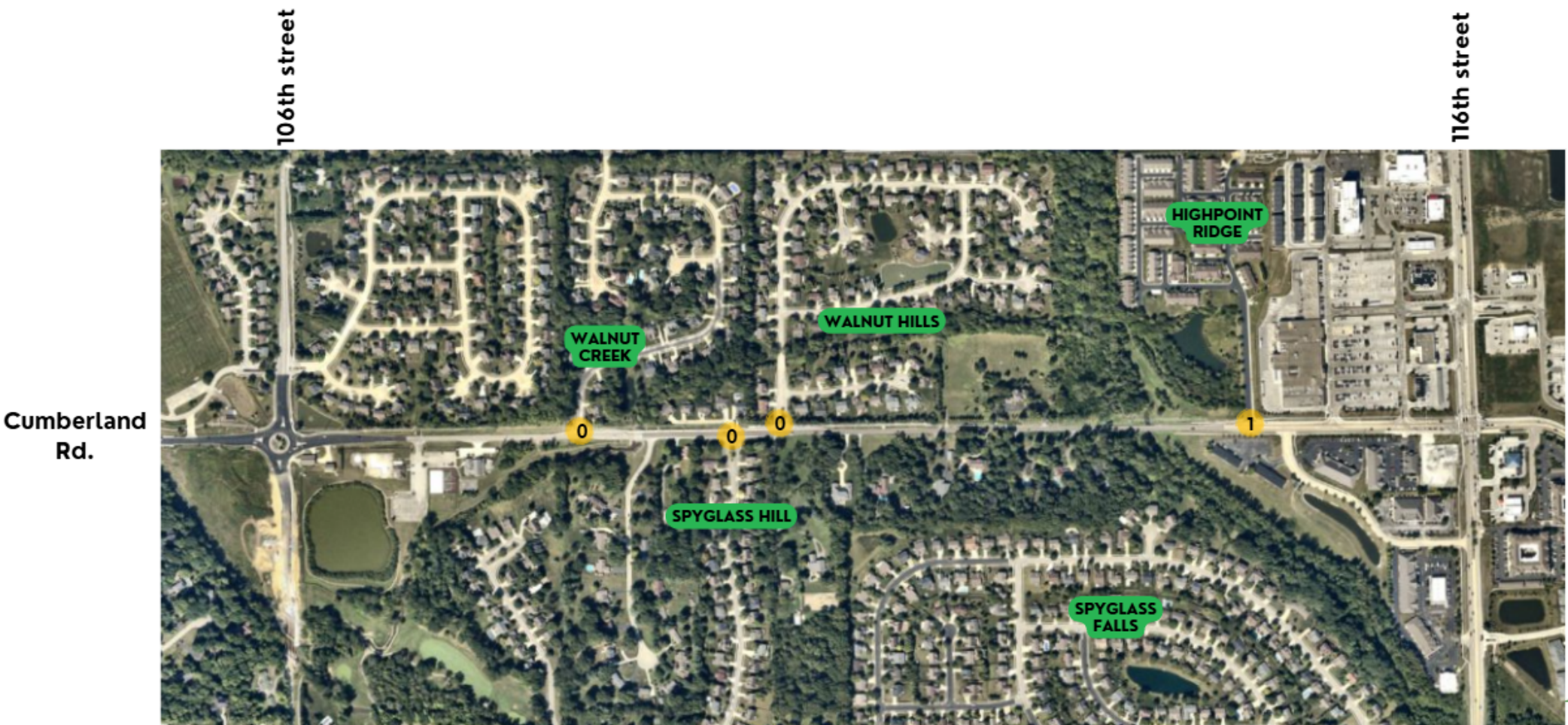
Page 4 of 4

Local ID
201751065

2		Driver's Name (Last, First, MI)		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/26/1999		Age 18		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color GRN		Vehicle Year 1997	
Make HONDA		Model CIVIC		Style 4D	
# Occupants 2		Lic Year 18		License #	
License State IN		Phone Number 3176168353			
# Axles 2		Speed Limit 40		Insured By GEICO	
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To FISHERS		Due to Disabling Damage		☐ Undercarriage	
YES By FISHERS		YES		☐ Trailer	
Lic State		Registered Owner's Name (Last, First, MI)		☐ None	
☐ Same as Driver				☐ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use	
Veh Year		Make		PERSONAL (FARM, COMPANY)	
Lic State		Registered Owner's Name (Last, First, MI)		Emergency Run?	
☐ Same as Driver				Fire?	
License#		Address (Street, City, State, Zip)		NO	
Veh Year		Make		Vehicle Type	
				PASSENGER CAR/STATION WAGON	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				WEST	
				Type of Primary/Secondary Roadway	
				☐ One Way Road	
				☐ Two Lanes - Two Way	
				☐ One Lane - One Way	
				☐ Multi-Lane Divided (3 or more) - Two Way	
				☐ Two Lanes - One Way	
				☐ Multi-Lane Undivided Two Way Left Turn	
				☐ Multi-Lanes (3 or more) - One Way	
				☐ Multi-Lane Undivided (3 or more) - Two Way	
				☐ Multi-Lane w/ Grass Median Only	
				☐ Multi-Lane w/ Concrete Barrier	
				☒ Multi-Lane w/ Center Turn Lane	
				☐ Multi-Lane w/ Metal Guardrail Median	
				☐ Multi-Lane w/ Curb Raised Median	
				☐ Private Drive	
				☐ Alley	
				☐ Multi-Lane w/ Cable Barrier	
				☐ Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With	
US DOT#		ICC#		1. ANOTHER MOTOR VEHICLE	
CMV Inspection		If Yes			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
Hazard Class #					



Appendix J – Crash Reports along Cumberland Rd.





INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901948674

Page 1 of 4

Local ID

201244176

Date of Crash 12/28/2012	Day of Week Fri	Actual Local Time 4:00 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deaf 0
Road Crash Occurred On CUMBERLAND RD			Nearest/Intersecting Road/Mile Marker/Interchange HIGHPOINT RIDGE DR		If not an intersection, number of feet from 50	Direction N	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property? OTHER	Crash Latitude		Crash Longitude	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause		Vehicle Contributing Circumstances		Vehicle Contributing Circumstances		Environment Contributing Circumstances		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Hit and Run	NO
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Local ID

201244176

**Type of
Crash**

LEFT TURN

Time Notified 4:05 PM	Time Arrived 4:06 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 12/28/2012	
Investigating Officer ROBINSON, C		ID No. 3068	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was turning left onto Cumberland Rd. From the Kroger parking lot. D1 stated that she looked both ways and proceeded to cross Cumberland Rd. to travel northbound. D1 stated that V2 came out of nowhere and she struck it.

D2 stated he was southbound on Cumberland Rd. D2 stated that as he was traveling, V1 pulled out in front of him, striking his vehicle.

UNIT INFORMATION

901948674

Page 3 of 4

Local ID
201244176

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS													
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES													
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED													
Date of Birth 12/17/1943		Age 69		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status							
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury							
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury									
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes					
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results									
Veh# 1		Color BLUE		Vehicle Year 2009		Make Mercedes Benz		Model R320		Style SW		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☒		Rear ☐ ☐ ☐	
# Occupants 1		Lic Year 2013		License # [REDACTED]		License State IN		Phone Number 8002224357				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☒ ☒		Rear ☐ ☐ ☐	
Vehicle Identification # [REDACTED]				Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver									
Address (Street, City, State, Zip) [REDACTED]																	
FISHERS IN 46037												Vehicle Use PERSONAL (FARM, COMPANY)					
Towed? To NO By		Due to Disabling Damage		Emergency Run?				Fire? NO									
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Vehicle Type PASSENGER CAR/STATION WAGON					
License #		Address (Street, City, State, Zip) [REDACTED]								Pre-Crash Vehicle Action TURNING LEFT							
Veh Year		Make		Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Same as Driver				Direction of Travel EAST					
Lic State		Lic Year		Address (Street, City, State, Zip) [REDACTED]								Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)					
Veh Year		Make		Commercial Vehicle: Carrier's Name and Address [REDACTED]								Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (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 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 #											

UNIT INFORMATION

901948674

Page 4 of 4

Local ID
201244176

Driver's Name (Last, First, MI) 2 [REDACTED]				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 02/16/1958		Age 54		Gender MALE		EMS No. Inmed Attn Driver Injury Status	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT				Drug Results			
Certified Test ☐ Pending							
Veh# 2		Color GRAY		Vehicle Year 2000		Make Chevrolet	
Model TAHOE		Style UT		Initial Impact Area			
# Occupants 2		Lic Year 2013		License # [REDACTED]		License State IN	
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE		Phone Number 8008765581	
Vehicle Identification # [REDACTED]				Areas Damaged (Multiples)			
Registered Owner's Name (Last, First, MI) [REDACTED]				☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]				Front [] [] [] [] Rear [] [] [] []			
FISHERS IN 46037				Vehicle Use			
Towed? To NO By				Due to Disabling Damage			
Lic State Lic Year Registered Owner's Name (Last, First, MI) [REDACTED]				PERSONAL (FARM, COMPANY)			
License# Address (Street, City, State, Zip)				Emergency Run? Fire? NO			
Veh Year Make				Vehicle Type			
SPORT UTILITY VEHICLE				Pre-Crash Vehicle Action			
Lic State Lic Year Registered Owner's Name (Last, First, MI) [REDACTED]				GOING STRAIGHT			
License# Address (Street, City, State, Zip)				Direction of Travel			
Veh Year Make				SOUTH			
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway			
				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			
				☒ Multi-Lane Undivided (3 or more)			
HAZMAT Proper Shipping Name: State DOT#				Event Collision With			
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 #	
1. ANOTHER MOTOR VEHICLE							



Appendix K – Zillow Home Values along Connector Roads

Zestimate history [Table view](#)

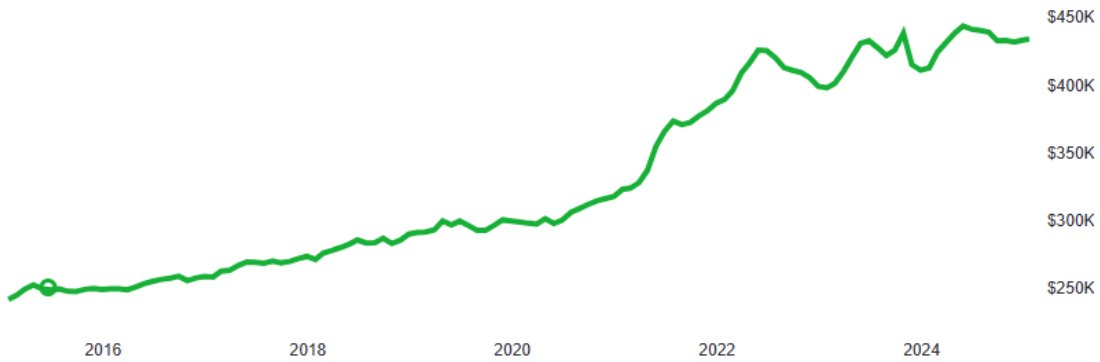
 Home values

 Local listing prices

 Rent Zestimate

 Tax paid

— This home
NA



Home at Connector

Zestimate history [Table view](#)

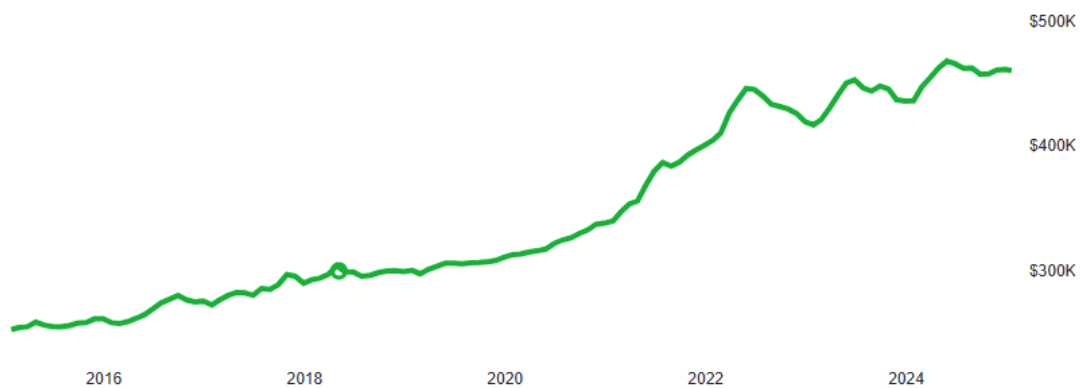
 Home values

 Local listing prices

 Rent Zestimate

 Tax paid

— This home
NA



Home in Neighborhood



Appendix L – Signal Warrants for Klotz Farm Blvd.

Traffic Signal Warrant Analysis

Warrants 1 - 3 (Volume Warrants)

Project Name	Fishers 116th St & Klotz Farm Blvd
Project/File #	0
Scenario	2023 Existing

Intersection Information			
Major Street (E/W Road)	116th St	Minor Street (N/S Road)	Spyglass Ridge Dr
Analyzed with	2 or more approach lanes	Analyzed with	1 Approach Lane
Total Approach Volume	12687 vehicles	Total Approach Volume	381 vehicles
Total Ped/Bike Volume	0 crossings	Total Ped/Bike Volume	0 crossings
Right turn reduction of	0 percent applied	Right turn reduction of	0 percent applied

No high speed or isolated community reduction applied to the Volume Warrant thresholds.

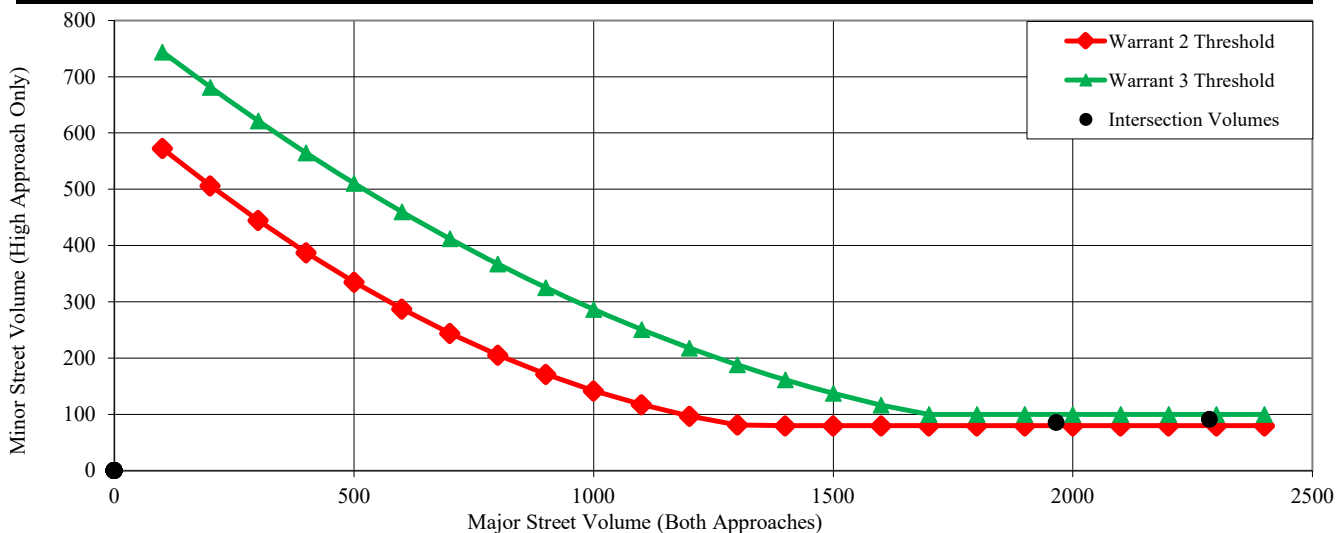
Warrant 1, Eight Hour Vehicular Volume			
	Condition A	Condition B	Condition A+B*
Condition Satisfied?	Not satisfied	Not satisfied	Not satisfied
Required values reached for	0 hours	3 hours	0 (Cond. A) & 4 (Cond. B)
Criteria - Major Street (veh/hr)	600	900	480 (Cond. A) & 720 (Cond. B)
Criteria - Minor Street (veh/hr)	150	75	120 (Cond. A) & 60 (Cond. B)

* Should be applied only after an adequate trial of other alternatives that could cause less delay and inconvenience to traffic has failed to solve the traffic problems.

Warrant 2, Four Hour Vehicular Volume	
Condition Satisfied?	Not satisfied
Required values reached for	2 hours
Criteria	See Figure Below

Warrant 3, Peak Hour Vehicular Volume		
	Condition A	Condition B
Condition Satisfied?	Not Examined	Not Satisfied
Required values reached for		0 hours
Criteria - Total Approach Volume (veh in one hour)	800	See Figure Below
Criteria - Minor Street High Side Volume (veh in one hour)	150	
Criteria - Minor Street High Side Delay (veh-hrs)	5	

Figure 4C-1 (Warrant 2) & Figure 4C-3 (Warrant 3)



116TH ST & KLOTZ FARM BLVD - TMC

Thu Aug 31, 2023

Full Length (6:30 AM-9 AM, 3 PM-6 PM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

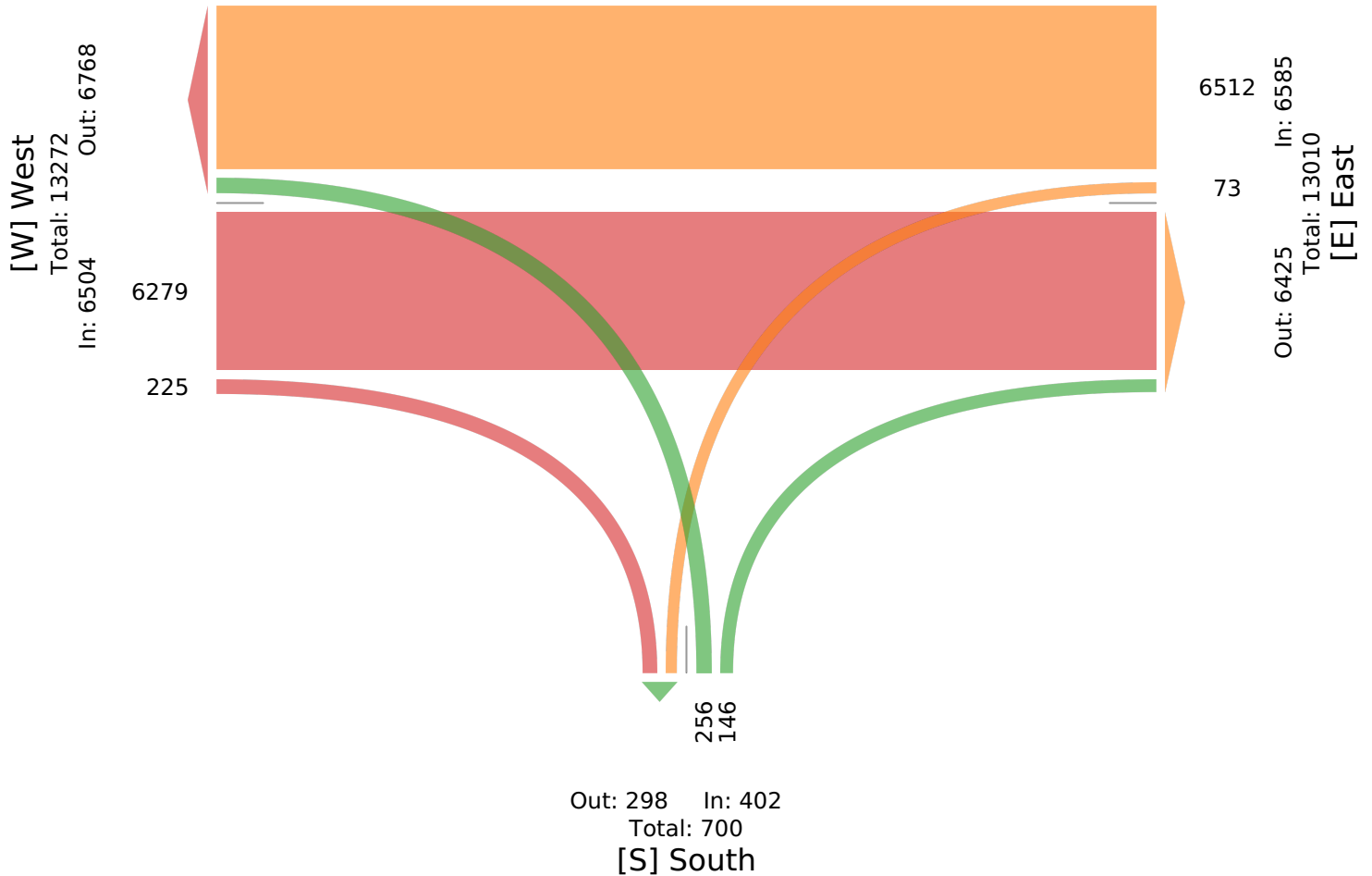
Leg Direction	South Northbound				West Eastbound				East Westbound				
Time	L	R	U	App	T	R	U	App	L	T	U	App	Int
2023-08-31 6:30AM	5	2	0	7	6	1	0	7	1	131	0	132	146
6:45AM	11	3	0	14	67	1	0	68	2	193	0	195	277
Hourly Total	16	5	0	21	73	2	0	75	3	324	0	327	423
7:00AM	8	7	0	15	84	2	0	86	1	274	0	275	376
7:15AM	23	3	0	26	94	2	0	96	2	371	0	373	495
7:30AM	21	4	0	25	108	7	0	115	2	432	0	434	574
7:45AM	13	6	0	19	176	9	0	185	3	399	0	402	606
Hourly Total	65	20	0	85	462	20	0	482	8	1476	0	1484	2051
8:00AM	20	18	0	38	177	5	0	182	1	422	0	423	643
8:15AM	11	3	0	14	197	10	0	207	5	393	0	398	619
8:30AM	18	9	0	27	171	0	0	171	1	357	0	358	556
8:45AM	8	4	0	12	192	1	0	193	1	353	0	354	559
Hourly Total	57	34	0	91	737	16	0	753	8	1525	0	1533	2377
3:00PM	4	3	0	7	312	10	0	322	2	225	0	227	556
3:15PM	6	8	0	14	351	13	0	364	15	301	0	316	694
3:30PM	13	7	0	20	450	12	0	462	3	214	0	217	699
3:45PM	9	7	0	16	423	16	0	439	2	269	0	271	726
Hourly Total	32	25	0	57	1536	51	0	1587	22	1009	0	1031	2675
4:00PM	6	4	0	10	376	14	0	390	2	226	0	228	628
4:15PM	8	7	0	15	440	19	0	459	2	269	0	271	745
4:30PM	12	8	0	20	397	23	0	420	9	241	0	250	690
4:45PM	15	10	0	25	477	13	0	490	6	310	0	316	831
Hourly Total	41	29	0	70	1690	69	0	1759	19	1046	0	1065	2894
5:00PM	10	2	0	12	435	20	0	455	4	245	0	249	716
5:15PM	11	7	0	18	462	15	0	477	3	287	0	290	785
5:30PM	8	12	0	20	465	17	0	482	4	286	0	290	792
5:45PM	16	12	0	28	419	15	0	434	2	314	0	316	778
Hourly Total	45	33	0	78	1781	67	0	1848	13	1132	0	1145	3071
Total	256	146	0	402	6279	225	0	6504	73	6512	0	6585	13491
% Approach	63.7%	36.3%	0%	-	96.5%	3.5%	0%	-	1.1%	98.9%	0%	-	-
% Total	1.9%	1.1%	0%	3.0%	46.5%	1.7%	0%	48.2%	0.5%	48.3%	0%	48.8%	-
Lights and Motorcycles	252	139	0	391	6187	219	0	6406	70	6406	0	6476	13273
% Lights and Motorcycles	98.4%	95.2%	0%	97.3%	98.5%	97.3%	0%	98.5%	95.9%	98.4%	0%	98.3%	98.4%
Heavy	4	7	0	11	92	6	0	98	3	106	0	109	218
% Heavy	1.6%	4.8%	0%	2.7%	1.5%	2.7%	0%	1.5%	4.1%	1.6%	0%	1.7%	1.6%

* L: Left, R: Right, T: Thru, U: U-Turn

116TH ST & KLOTZ FARM BLVD - TMC
 Thu Aug 31, 2023
 Full Length (6:30 AM-9 AM, 3 PM-6 PM)
 All Classes (Lights and Motorcycles, Heavy)
 All Movements
 ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering
 8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US



116TH ST & KLOTZ FARM BLVD - TMC

Thu Aug 31, 2023

AM Peak (7:30 AM - 8:30 AM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering

8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

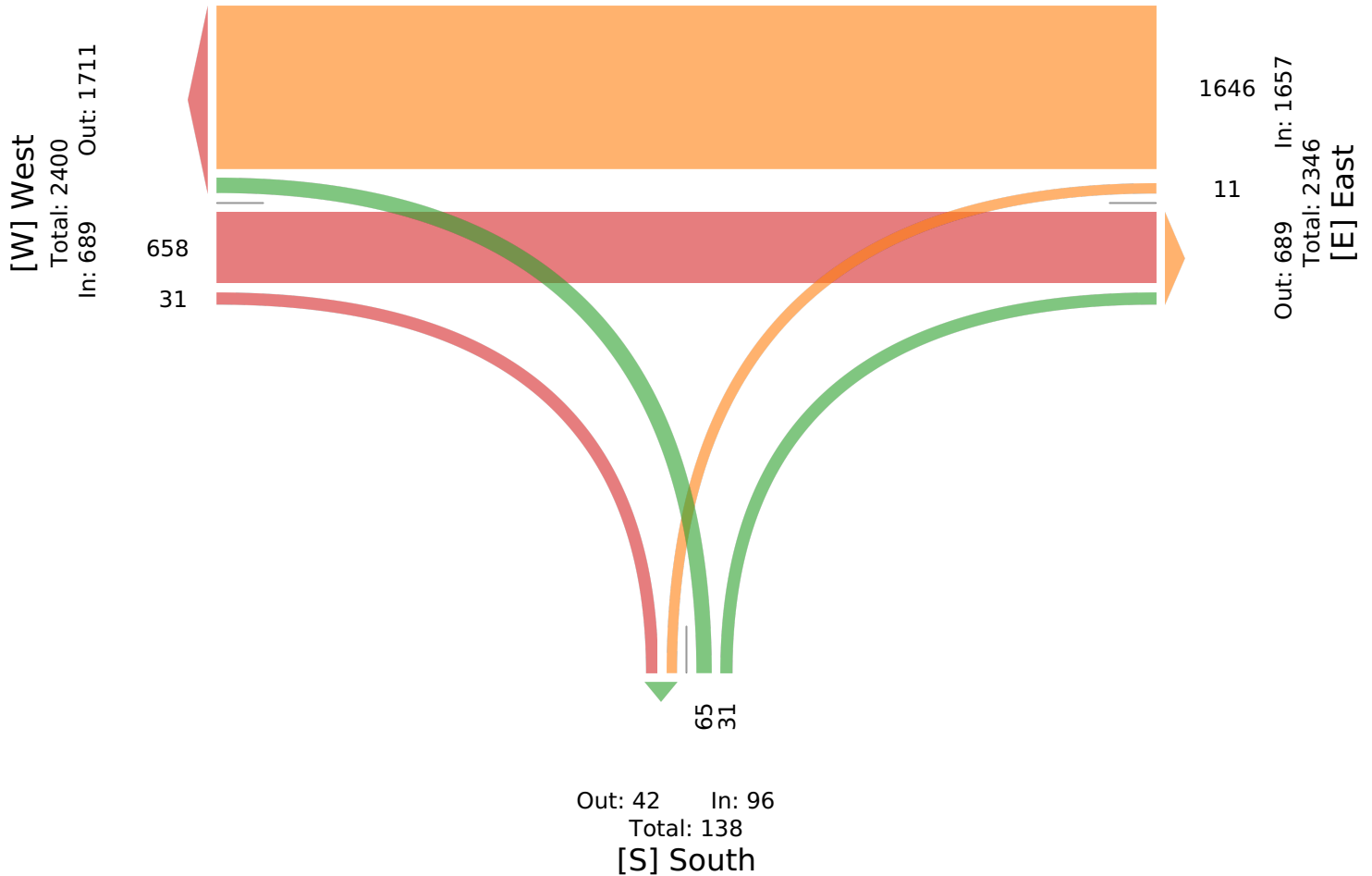
Leg Direction	South Northbound				West Eastbound				East Westbound				
Time	L	R	U	App	T	R	U	App	L	T	U	App	Int
2023-08-31 7:30AM	21	4	0	25	108	7	0	115	2	432	0	434	574
7:45AM	13	6	0	19	176	9	0	185	3	399	0	402	606
8:00AM	20	18	0	38	177	5	0	182	1	422	0	423	643
8:15AM	11	3	0	14	197	10	0	207	5	393	0	398	619
Total	65	31	0	96	658	31	0	689	11	1646	0	1657	2442
% Approach	67.7%	32.3%	0%	-	95.5%	4.5%	0%	-	0.7%	99.3%	0%	-	-
% Total	2.7%	1.3%	0%	3.9%	26.9%	1.3%	0%	28.2%	0.5%	67.4%	0%	67.9%	-
PHF	0.774	0.431	-	0.632	0.835	0.775	-	0.832	0.550	0.953	-	0.954	0.949
Lights and Motorcycles	65	28	0	93	630	27	0	657	10	1617	0	1627	2377
% Lights and Motorcycles	100%	90.3%	0%	96.9%	95.7%	87.1%	0%	95.4%	90.9%	98.2%	0%	98.2%	97.3%
Heavy	0	3	0	3	28	4	0	32	1	29	0	30	65
% Heavy	0%	9.7%	0%	3.1%	4.3%	12.9%	0%	4.6%	9.1%	1.8%	0%	1.8%	2.7%

* L: Left, R: Right, T: Thru, U: U-Turn

116TH ST & KLOTZ FARM BLVD - TMC
 Thu Aug 31, 2023
 AM Peak (7:30 AM - 8:30 AM)
 All Classes (Lights and Motorcycles, Heavy)
 All Movements
 ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering
 8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US



116TH ST & KLOTZ FARM BLVD - TMC

Thu Aug 31, 2023

PM Peak (4:45 PM - 5:45 PM) - Overall Peak Hour

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering

8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg Direction	South Northbound				West Eastbound				East Westbound				
Time	L	R	U	App	T	R	U	App	L	T	U	App	Int
2023-08-31 4:45PM	15	10	0	25	477	13	0	490	6	310	0	316	831
5:00PM	10	2	0	12	435	20	0	455	4	245	0	249	716
5:15PM	11	7	0	18	462	15	0	477	3	287	0	290	785
5:30PM	8	12	0	20	465	17	0	482	4	286	0	290	792
Total	44	31	0	75	1839	65	0	1904	17	1128	0	1145	3124
% Approach	58.7%	41.3%	0%	-	96.6%	3.4%	0%	-	1.5%	98.5%	0%	-	-
% Total	1.4%	1.0%	0%	2.4%	58.9%	2.1%	0%	60.9%	0.5%	36.1%	0%	36.7%	-
PHF	0.733	0.646	-	0.750	0.964	0.813	-	0.971	0.708	0.910	-	0.906	0.940
Lights and Motorcycles	44	31	0	75	1835	65	0	1900	17	1116	0	1133	3108
% Lights and Motorcycles	100%	100%	0%	100%	99.8%	100%	0%	99.8%	100%	98.9%	0%	99.0%	99.5%
Heavy	0	0	0	0	4	0	0	4	0	12	0	12	16
% Heavy	0%	0%	0%	0%	0.2%	0%	0%	0.2%	0%	1.1%	0%	1.0%	0.5%

* L: Left, R: Right, T: Thru, U: U-Turn

116TH ST & KLOTZ FARM BLVD - TMC

Thu Aug 31, 2023

PM Peak (4:45 PM - 5:45 PM) - Overall Peak Hour

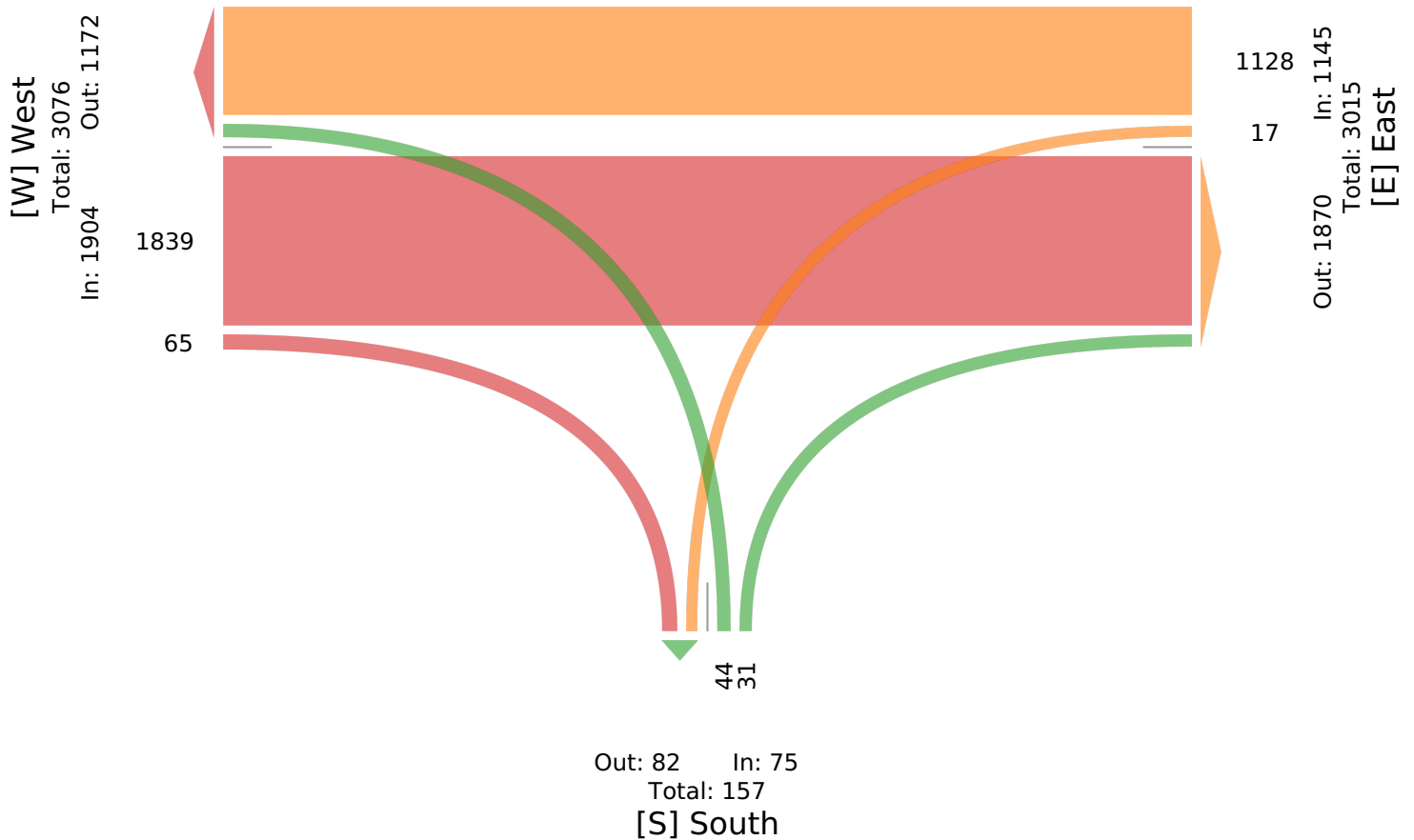
All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104845, Location: 39.957084, -85.987855



Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US





Appendix M – Signal Warrants for Spyglass Ridge Dr.

Traffic Signal Warrant Analysis

Warrants 1 - 3 (Volume Warrants)

Project Name	Fishers 116th St & Spyglass Ridge Dr
Project/File #	0
Scenario	2023 Existing

Intersection Information			
Major Street (E/W Road)	116th St	Minor Street (N/S Road)	Spyglass Ridge Dr
Analyzed with	2 or more approach lanes	Analyzed with	1 Approach Lane
Total Approach Volume	11954 vehicles	Total Approach Volume	245 vehicles
Total Ped/Bike Volume	0 crossings	Total Ped/Bike Volume	0 crossings
Right turn reduction of	0 percent applied	Right turn reduction of	0 percent applied

No high speed or isolated community reduction applied to the Volume Warrant thresholds.

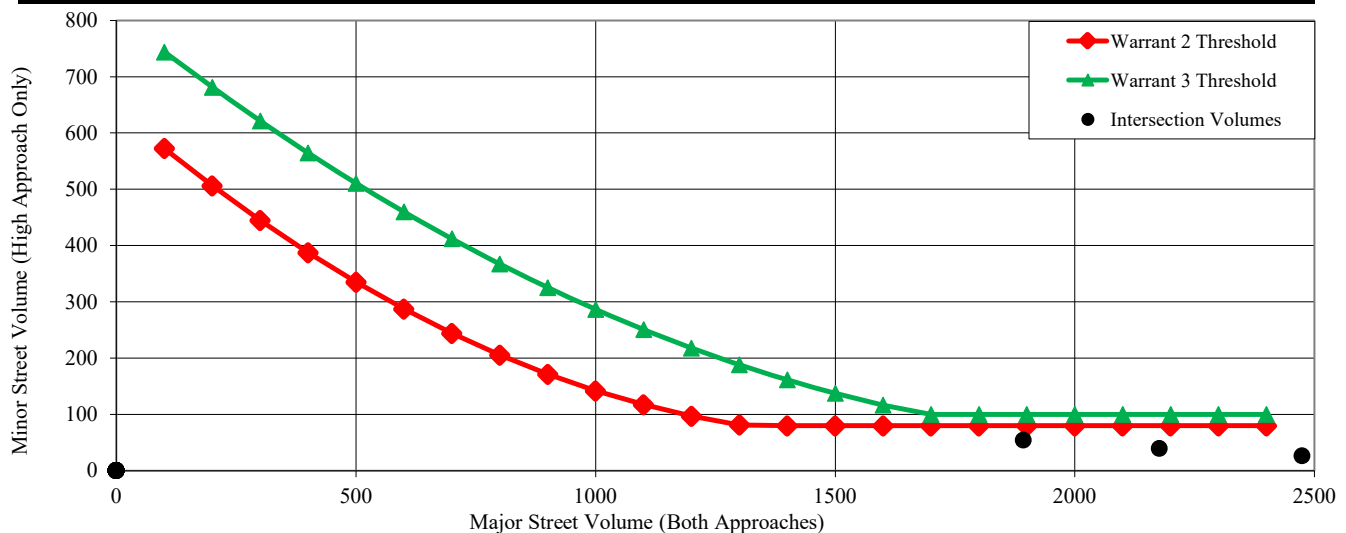
Warrant 1, Eight Hour Vehicular Volume			
	Condition A	Condition B	Condition A+B*
Condition Satisfied?	Not satisfied	Not satisfied	Not satisfied
Required values reached for	0 hours	0 hours	0 (Cond. A) & 0 (Cond. B)
Criteria - Major Street (veh/hr)	600	900	480 (Cond. A) & 720 (Cond. B)
Criteria - Minor Street (veh/hr)	150	75	120 (Cond. A) & 60 (Cond. B)

* Should be applied only after an adequate trial of other alternatives that could cause less delay and inconvenience to traffic has failed to solve the traffic problems.

Warrant 2, Four Hour Vehicular Volume	
Condition Satisfied?	Not satisfied
Required values reached for	0 hours
Criteria	See Figure Below

Warrant 3, Peak Hour Vehicular Volume		
	Condition A	Condition B
Condition Satisfied?	Not Examined	Not Satisfied
Required values reached for		0 hours
Criteria - Total Approach Volume (veh in one hour)	800	See Figure Below
Criteria - Minor Street High Side Volume (veh in one hour)	150	
Criteria - Minor Street High Side Delay (veh-hrs)	5	

Figure 4C-1 (Warrant 2) & Figure 4C-3 (Warrant 3)



116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

Full Length (6:30 AM-9 AM, 3 PM-6 PM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg Direction	South Northbound					North Southbound					West Eastbound					East Westbound					
Time	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	Int
2023-08-31 6:30AM	4	0	0	0	4	0	0	1	0	1	0	48	1	0	49	1	151	0	0	152	206
6:45AM	8	0	1	0	9	0	0	1	0	1	0	76	1	0	77	0	180	0	0	180	267
Hourly Total	12	0	1	0	13	0	0	2	0	2	0	124	2	0	126	1	331	0	0	332	473
7:00AM	6	0	1	0	7	1	0	1	0	2	1	95	3	0	99	1	275	0	0	276	384
7:15AM	6	0	8	0	14	0	0	0	0	0	1	92	1	0	94	1	377	2	0	380	488
7:30AM	11	0	8	0	19	1	0	2	0	3	0	110	2	0	112	2	392	0	0	394	528
7:45AM	10	0	4	0	14	1	0	3	0	4	0	176	4	0	180	1	357	0	0	358	556
Hourly Total	33	0	21	0	54	3	0	6	0	9	2	473	10	0	485	5	1401	2	0	1408	1956
8:00AM	5	0	12	0	17	1	0	4	0	5	0	174	4	0	178	1	375	0	0	376	576
8:15AM	2	0	4	0	6	1	0	4	0	5	3	188	8	0	199	3	362	2	0	367	577
8:30AM	7	0	2	0	9	0	0	1	0	1	2	178	2	0	182	2	359	1	0	362	554
8:45AM	6	0	1	0	7	0	0	3	0	3	1	179	3	0	183	4	326	0	0	330	523
Hourly Total	20	0	19	0	39	2	0	12	0	14	6	719	17	0	742	10	1422	3	0	1435	2230
3:00PM	5	0	2	0	7	0	0	0	0	0	1	277	9	1	288	5	212	0	0	217	512
3:15PM	3	0	5	0	8	0	0	4	0	4	1	318	13	0	332	2	282	0	0	284	628
3:30PM	3	0	2	0	5	0	0	1	0	1	4	444	13	1	462	8	213	1	0	222	690
3:45PM	4	0	2	0	6	0	0	0	0	0	2	399	8	0	409	4	258	1	0	263	678
Hourly Total	15	0	11	0	26	0	0	5	0	5	8	1438	43	2	1491	19	965	2	0	986	2508
4:00PM	4	0	3	0	7	0	0	0	0	0	2	321	11	0	334	4	200	1	0	205	546
4:15PM	3	0	3	0	6	3	0	1	0	4	4	410	15	0	429	2	252	1	0	255	694
4:30PM	4	0	6	0	10	0	0	1	0	1	2	388	4	0	394	6	240	2	0	248	653
4:45PM	11	0	4	0	15	0	0	3	0	3	0	437	9	0	446	1	268	0	0	269	733
Hourly Total	22	0	16	0	38	3	0	5	0	8	8	1556	39	0	1603	13	960	4	0	977	2626
5:00PM	1	0	7	0	8	1	0	1	0	2	3	396	6	0	405	5	252	0	0	257	672
5:15PM	7	0	5	0	12	0	0	2	0	2	1	457	10	0	468	9	267	2	0	278	760
5:30PM	4	0	7	0	11	1	0	3	0	4	4	426	8	0	438	3	248	0	0	251	704
5:45PM	8	0	5	0	13	0	0	0	0	0	0	389	14	0	403	3	324	2	0	329	745
Hourly Total	20	0	24	0	44	2	0	6	0	8	8	1668	38	0	1714	20	1091	4	0	1115	2881
Total	122	0	92	0	214	10	0	36	0	46	32	5978	149	2	6161	68	6170	15	0	6253	12674
% Approach	57.0%	0%	43.0%	0%	-	21.7%	0%	78.3%	0%	-	0.5%	97.0%	2.4%	0%	-	1.1%	98.7%	0.2%	0%	-	-
% Total	1.0%	0%	0.7%	0%	1.7%	0.1%	0%	0.3%	0%	0.4%	0.3%	47.2%	1.2%	0%	48.6%	0.5%	48.7%	0.1%	0%	49.3%	-
Lights and Motorcycles	122	0	87	0	209	10	0	30	0	40	29	5892	142	2	6065	64	6080	12	0	6156	12470
% Lights and Motorcycles	100%	0%	94.6%	0%	97.7%	100%	0%	83.3%	0%	87.0%	90.6%	98.6%	95.3%	100%	98.4%	94.1%	98.5%	80.0%	0%	98.4%	98.4%
Heavy	0	0	5	0	5	0	0	6	0	6	3	86	7	0	96	4	90	3	0	97	204
% Heavy	0%	0%	5.4%	0%	2.3%	0%	0%	16.7%	0%	13.0%	9.4%	1.4%	4.7%	0%	1.6%	5.9%	1.5%	20.0%	0%	1.6%	1.6%

* L: Left, R: Right, T: Thru, U: U-Turn

116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

Full Length (6:30 AM-9 AM, 3 PM-6 PM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering

8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

[N] North

Total: 93

In: 46 Out: 47

36
10

[W] West
Total: 12491
In: 6161 Out: 6330

32
5978

149

15
6170

In: 6253
Total: 12333
Out: 6080 [E] East

68

Out: 217 In: 214
Total: 431

[S] South

122
92

116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

AM Peak (7:45 AM - 8:45 AM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg Direction	South Northbound					North Southbound					West Eastbound					East Westbound					
Time	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	Int
2023-08-31 7:45AM	10	0	4	0	14	1	0	3	0	4	0	176	4	0	180	1	357	0	0	358	556
8:00AM	5	0	12	0	17	1	0	4	0	5	0	174	4	0	178	1	375	0	0	376	576
8:15AM	2	0	4	0	6	1	0	4	0	5	3	188	8	0	199	3	362	2	0	367	577
8:30AM	7	0	2	0	9	0	0	1	0	1	2	178	2	0	182	2	359	1	0	362	554
Total	24	0	22	0	46	3	0	12	0	15	5	716	18	0	739	7	1453	3	0	1463	2263
% Approach	52.2%	0%	47.8%	0%	-	20.0%	0%	80.0%	0%	-	0.7%	96.9%	2.4%	0%	-	0.5%	99.3%	0.2%	0%	-	-
% Total	1.1%	0%	1.0%	0%	2.0%	0.1%	0%	0.5%	0%	0.7%	0.2%	31.6%	0.8%	0%	32.7%	0.3%	64.2%	0.1%	0%	64.6%	-
PHF	0.600	-	0.458	-	0.676	0.750	-	0.750	-	0.750	0.417	0.952	0.563	-	0.928	0.583	0.969	0.375	-	0.973	0.981
Lights and Motorcycles	24	0	21	0	45	3	0	11	0	14	5	693	16	0	714	5	1440	2	0	1447	2220
% Lights and Motorcycles	100%	0%	95.5%	0%	97.8%	100%	0%	91.7%	0%	93.3%	100%	96.8%	88.9%	0%	96.6%	71.4%	99.1%	66.7%	0%	98.9%	98.1%
Heavy	0	0	1	0	1	0	0	1	0	1	0	23	2	0	25	2	13	1	0	16	43
% Heavy	0%	0%	4.5%	0%	2.2%	0%	0%	8.3%	0%	6.7%	0%	3.2%	11.1%	0%	3.4%	28.6%	0.9%	33.3%	0%	1.1%	1.9%

* L: Left, R: Right, T: Thru, U: U-Turn

116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

AM Peak (7:45 AM - 8:45 AM)

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering

8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

[N] North

Total: 23

In: 15 Out: 8

123

[W] West
Total: 2228
In: 739 Out: 1489

5
716
18

3
1453
7

Out: 741 In: 1463
Total: 2204
[E] East

Out: 25 In: 46
Total: 71
[S] South

24
22

116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

PM Peak (5 PM - 6 PM) - Overall Peak Hour

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering

8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg Direction	South Northbound					North Southbound					West Eastbound					East Westbound					
Time	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	Int
2023-08-31 5:00PM	1	0	7	0	8	1	0	1	0	2	3	396	6	0	405	5	252	0	0	257	672
5:15PM	7	0	5	0	12	0	0	2	0	2	1	457	10	0	468	9	267	2	0	278	760
5:30PM	4	0	7	0	11	1	0	3	0	4	4	426	8	0	438	3	248	0	0	251	704
5:45PM	8	0	5	0	13	0	0	0	0	0	0	389	14	0	403	3	324	2	0	329	745
Total	20	0	24	0	44	2	0	6	0	8	8	1668	38	0	1714	20	1091	4	0	1115	2881
% Approach	45.5%	0%	54.5%	0%	-	25.0%	0%	75.0%	0%	-	0.5%	97.3%	2.2%	0%	-	1.8%	97.8%	0.4%	0%	-	-
% Total	0.7%	0%	0.8%	0%	1.5%	0.1%	0%	0.2%	0%	0.3%	0.3%	57.9%	1.3%	0%	59.5%	0.7%	37.9%	0.1%	0%	38.7%	-
PHF	0.625	-	0.857	-	0.846	0.500	-	0.500	-	0.500	0.500	0.912	0.679	-	0.916	0.556	0.842	0.500	-	0.847	0.948
Lights and Motorcycles	20	0	24	0	44	2	0	6	0	8	8	1665	38	0	1711	20	1083	4	0	1107	2870
% Lights and Motorcycles	100%	0%	100%	0%	100%	100%	0%	100%	0%	100%	100%	99.8%	100%	0%	99.8%	100%	99.3%	100%	0%	99.3%	99.6%
Heavy	0	0	0	0	0	0	0	0	0	0	0	3	0	0	3	0	8	0	0	8	11
% Heavy	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.2%	0%	0%	0.2%	0%	0.7%	0%	0%	0.7%	0.4%

* L: Left, R: Right, T: Thru, U: U-Turn

116TH ST & SPYGLASS RIDGE DR - TMC

Thu Aug 31, 2023

PM Peak (5 PM - 6 PM) - Overall Peak Hour

All Classes (Lights and Motorcycles, Heavy)

All Movements

ID: 1104832, Location: 39.95715, -85.984197



Provided by: A&F Engineering

8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

[N] North

Total: 20

In: 8 Out: 12

62

[W] West
Total: 2831
In: 1714 Out: 1117

8
1668
38

4
1091
20
Out: 1694 In: 1115
Total: 2809
[E] East

Out: 58 In: 44
Total: 102
[S] South

20
24



Appendix N – Proposed Connector Road Safety



The amount of traffic entering or exiting Spyglass Falls and Spyglass Hills if a new roadway connector is constructed has been investigated at different times. Due to this, and with different traffic counts and trip generation it has resulted in slightly different results. In 2016, our traffic consultant investigated the potential number of vehicular trips on a new connector road based upon the number of homes in close proximity that might use it. This was a count of the number of houses, assigning potential trip generation from the ITE manual, and assuming a percentage of those trips that would use the new connector road. This resulted in a range of approximately 43-56 vehicles using the road. In 2024, our traffic consultant used a different method to study the volume of potential users of a connector road. This involved a study of the delay leaving the Spyglass Falls neighborhood turning left onto 116th Street during peak hours. This methodology approximated the number of vehicles that might seek a different/safer route to exit the neighborhood based on delay turning and the number of queuing vehicles observed. This resulted in a range of approximately 10-15 vehicles estimated to use the connector road. It should be noted that the overall number of cars would be lower because it was assumed the roadway was for one-way exiting traffic only. Whether it is 15 vehicles or 56 vehicles, these numbers are generally very low traffic volumes—less than an average of one vehicle per minute during the peak hour. Future additional counts and delay studies could yield results that are a similar order of magnitude, but could vary from the numbers stated here.

STEVEN J. FEHRIBACH, P.E.
PRESIDENT

JOSEPH T. RENGEL, P.E.
VICE PRESIDENT

R. MATTHEW BROWN, P.E.
VICE PRESIDENT

REGISTRATION

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TEXAS

June 30, 2019

Mr. Jason Taylor, P.E.
Director of Engineering
City of Fishers
One Municipal Drive
Fishers, Indiana 46038

Re: Spyglass Falls

Dear Mr. Taylor,

This letter is in response to the Spyglass Falls Subdivision's request to modify the intersection of 116th Street and Klotz Farm Boulevard (only access point into the development). Currently, the subdivision has one access point onto 116th Street which is wide enough to be used for an exiting right turn lane and left turn lane and one inbound lane. Currently the subdivision has over fifty (50) single-family residences, thus the requirement for two access drives for the subdivision is met.

A&F has reviewed this access point in the past and conducted traffic volume counts in October 2017. The field review revealed that vehicles turning left out of Spyglass Falls from Klotz Farm Boulevard experienced delay due to the amount of traffic along 116th Street that reduces the number of gaps necessary to perform left turn movements. At that time, the new interchange of 106th Street and I-69 had recently been opened and traffic had not adjusted for the new interchange. It was determined that A&F would continue to monitor the intersection to see if there were significant changes to volumes at 116th Street and Klotz Farm Boulevard.

In May 2019, the intersection was again reviewed, and a new traffic count was conducted. While the peak hour counts remained somewhat consistent with the 2017 counts the volumes in the eastbound and westbound directions on 116th Street have increased by approximately 9% over a 24-hour period. The increased traffic on 116th Street causes additional delay for people turning left from Klotz Farm Boulevard. The following alternatives were considered to reduce the amount of delay for vehicles exiting from Klotz Farm Boulevard:

- Convert Klotz Farm Boulevard to a right-in/right-out only by adding a median along 116th Street
- Install a traffic signal at the intersection of Klotz Farm Boulevard and 116th Street
- Convert the intersection of Klotz Farm Boulevard and 116th Street to a roundabout
- Connect Spyglass Falls to the existing subdivision to the east (Spyglass Falls at the Legends of Geist)

The following conclusions can be made for each of the scenarios reviewed:

- Right-in/Right-out Conversion: If Klotz Farm Boulevard was converted to a right-in/right-out, vehicles wishing to exit to the west would be required to make a right turn, and then potentially

- find a location to complete a U-turn along 116th Street back to the west. Therefore, these U-turning vehicles in the AM peak hour would be required to wait for a gap in the westbound traffic.
- **Traffic Signal Installation:** In order to install a traffic signal in the State of Indiana, traffic signal warrants should be met for both the minor approach and the major approach. Traffic signal warrants were analyzed, and based on the existing volumes exiting the site, it was determined that a traffic signal would not be warranted at the intersection of Klotz Farm Boulevard and 116th Street.
 - **Roundabout Design:** The Klotz Farm Boulevard access to Spyglass Falls was reviewed with respect to the conversion from a conventional intersection to a roundabout design. Based on the volume of traffic exiting the site, it was determined the east/west traffic along 116th Street may have significant delays for through traffic. The cost of the roundabout would be approximately \$2,000,000.00 and the overall geometric constraints with the apartments across the street would not make the roundabout a feasible solution.
 - **Connection to Spyglass Falls at the Legends of Geist Subdivision:** A review of Spyglass Falls did reveal that a connection could be made between Laurel Falls Lane and Knightsbridge Lane. If this connection was made, it would provide access to Cumberland Road for vehicles exiting Spyglass Falls that wished to access I-69 via 106th Street or westbound 116th Street via the intersection of Cumberland Road and 116th Street. This connection would benefit vehicles wishing to exit Spyglass Falls from Klotz Farm Boulevard in the westbound direction but would not affect vehicles exiting to the east. The intersection of Deering Street and Cumberland Road is adequately designed to accommodate additional vehicles at that intersection.

Based on our review, A&F recommends to the Board of Public Works and Safety the connection between Spyglass Falls and Spyglass Falls at the Legends of Geist between Laurel Falls Lane and Knightsbridge Lane be made in order to mitigate some of the traffic concerns at Klotz Farm Boulevard and 116th Street. The intersection of Klotz Farm Boulevard and 116th Street can be continued to be monitored, and another traffic count be completed once the connection is made.

If you have any questions or concerns, please contact me.

Sincerely,
A&F Engineering Co., LLC



Steven J. Fehribach, P.E.
President

STEVEN J. FEHRIBACH, P.E.
PRESIDENT

R. MATTHEW BROWN, P.E.
VICE PRESIDENT

KAREN K. COLLINS, P.E.
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JOSEPH T. RENGEL, P.E.
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TEXAS

September 29, 2023

Mr. Hatem Mekky, P.E., M.S.C.E.
Director, Department of Engineering
City of Fishers

Re: 116th and Spyglass Falls
Access Point

Hatem,

At your request, we have reviewed the access point to Spyglass Falls with respect to vehicles exiting the access point.

A&F Engineering conducted video volume counts at this intersection and the intersection of 116th Street and Spyglass Ridge Drive for 3 days including Thursday, Friday, Saturday once school was back in session. A review of the exiting traffic at Spyglass Falls found while there was some delay from vehicles exiting the site, it was not excessive during the AM or PM peak hours. One observation was that some vehicles exiting the site to go westbound did use the painted area to make the left turn lane onto 116th street.

Based on the layout of the subdivision, there are some modifications that could improve the exiting traffic for this access point:

1. Make the connection from Spyglass Falls to the subdivision to the east. Currently, there is a right-of-way near the southeast section of the subdivision to make this connection. It is anticipated that only 10 to 15 vehicles per hour would make use of this connection during the peak.
2. Adjust signal timings at Cumberland Road and at Hoosier Road to create larger gaps for vehicles entering on to 116th Street. This recommendation would be for off-peak hours due to the large volume of traffic that makes use of 116th Street during the peak hours.

Please let me know if you have any questions.

Sincerely,
A&F Engineering Co., LLC



Steven J. Fehribach, P.E.
President

/cmc

July 31, 2024

Mr. Hatem Mekky, P.E., MSCE
Director, Department of Engineering
City of Fishers
mekkyh@fishers.in.us

RE: Spyglass Falls Connection with Spyglass Ridge

Mr. Mekky,

Per your request, I have reviewed the potential of a connection between Spyglass Falls and Spyglass Ridge. As presently configured, right-of-way exists between Knightsbridge Lane and Laurel Falls Drive, and a multi-use path is currently constructed within that right-of-way. A review of the traffic exiting Spyglass Falls has found that the northbound left does experience some delay due to the volume of traffic along 116th Street. Spyglass Ridge has several access points specifically one that ties to 116th Street and one access point that ties to Cumberland Road, while Spyglass Falls only has one access point onto 116th Street. A&F Engineering recommends that a roadway connection is completed between Knightsbridge Lane and Laurel Falls. This connection should be 12 feet in width and should be a one-way system to allow Spyglass Falls to exit onto Knightsbridge Lane. This connection would provide Spyglass Falls with secondary access to Cumberland Road, reducing the number of vehicles turning left onto 116th Street. Allowing access to Knightsbridge Lane improves safety at 116th Street because vehicles can exit onto Cumberland Road from Spyglass Falls. A&F Engineering recommends that once this connection is made, we should continue to monitor the intersection of Spyglass Falls and Spyglass Ridge to determine if there is any further safety mitigation that may be required.

If you have any questions or comments, please contact me.

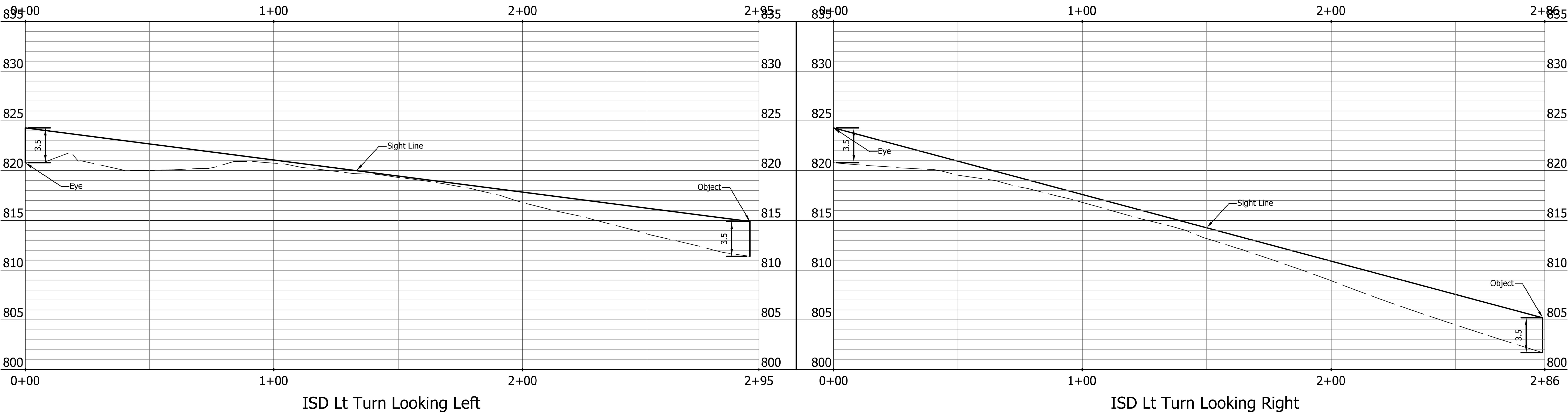
Sincerely,
A&F Engineering Co., LLC



Steven J. Fehribach, P.E.
President

/cmc

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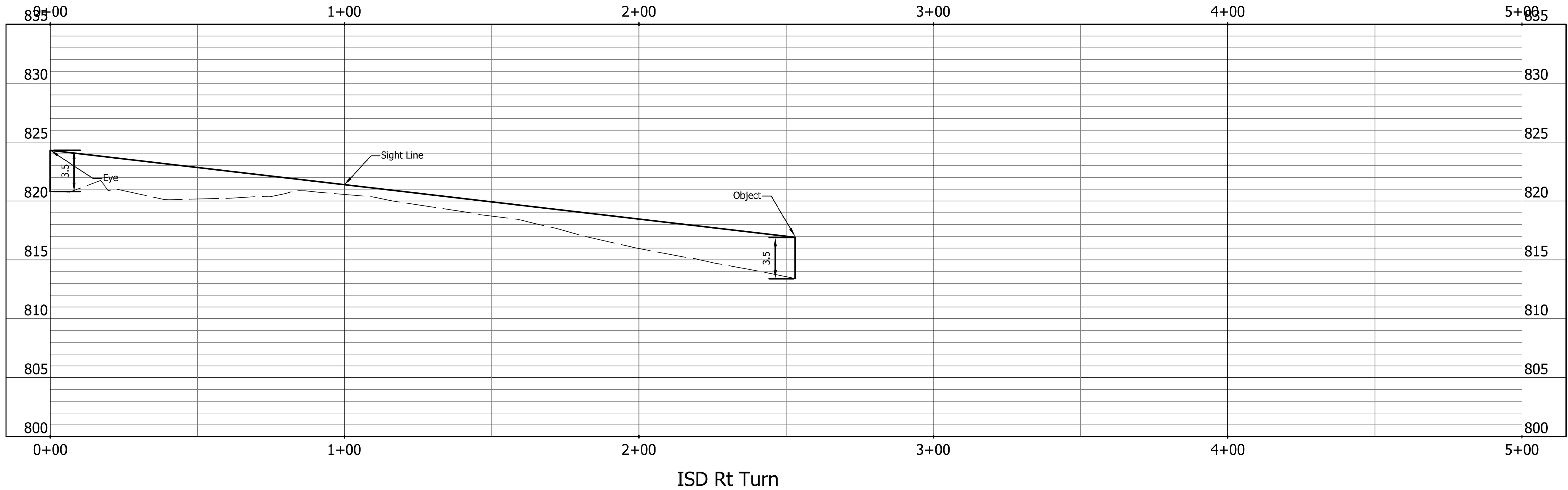
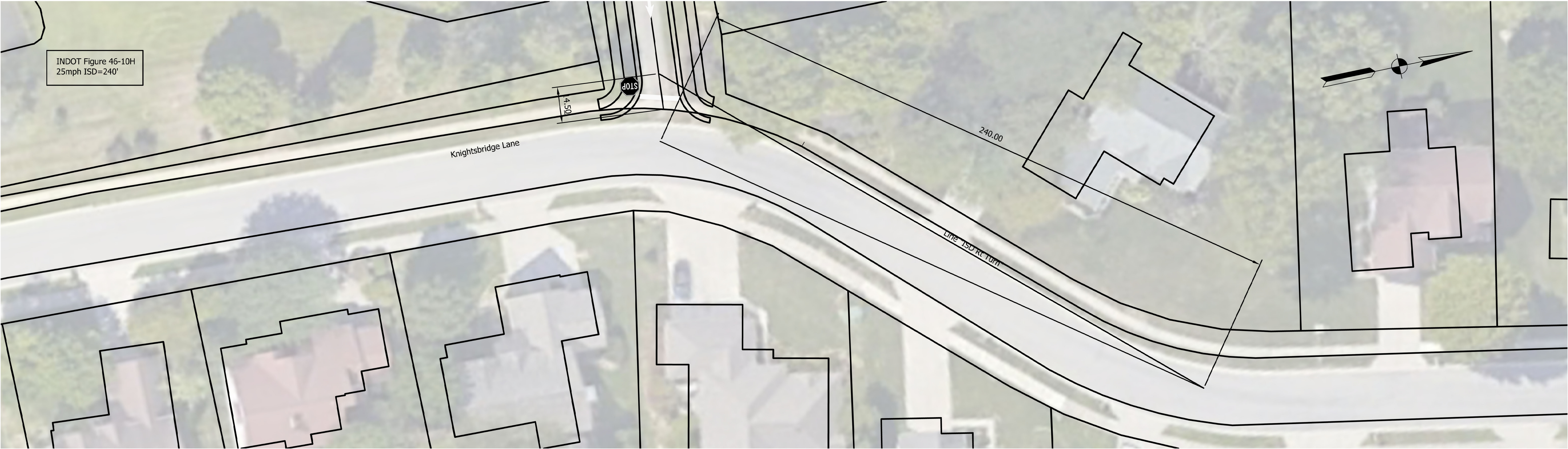
8365 Keystone Crossing, Suite 201, Indianapolis, IN. 46240 (317) 202-0864

RECOMMENDED FOR APPROVAL _____	
DESIGNED: BGC	DRAWN: BGC
CHECKED: XXX	CHECKED: XXX

CITY OF FISHERS	
LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE	
SIGHT DISTANCE- Left Turn	

HORIZONTAL SCALE 1" = 20'	BRIDGE FILE N/A
VERTICAL SCALE N/A	DESIGNATION --
SURVEY BOOK	SHEETS
CONTRACT	of X
--	PROJECT
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RECOMMENDED FOR APPROVAL _____	
DESIGN ENGINEER	DATE
DESIGNED: BGC	DRAWN: BGC
CHECKED: XXX	CHECKED: XXX

CITY OF FISHERS	
LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE	
SIGHT DISTANCE- Right Turn	

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
----	---- of X
CONTRACT	PROJECT
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Appendix O – City of Fishers Parking Ordinance

Neighborhood Parking:

- Opposite another parked car, leaving less than 18' of travel lanes
- Blocking a driveway or parking across from a driveway on the opposite side of the street
- Parking within 20' of an intersection or crosswalk of an intersection
- Parking within 30' of a stop sign
- Parking within 15' of a fire hydrant



NO PARKING within 20 feet from a crosswalk



NO PARKING within 30 feet from a stop sign



NO PARKING within 20 feet from the corner



NO PARKING within 15 feet from a fire hydrant

Parking Ordinances per Fishers Code (091514A section 72.13)



Appendix P – 2016 Report



To: Mayor Scott Fadness
Jason Meyer
Jeff Lantz
Fishers Board of Public Works and Safety

From: Jeff Hill, P.E., PTOE 
Director of Engineering

Date: July 24, 2016

RE: Spyglass Falls/Spyglass Hills Traffic Study

Recently, residents of Spyglass Falls approached the City of Fishers regarding their concerns about ingress and egress to their neighborhood and its access to 116th Street. Several residents cite long delay and queueing issues trying to leave their subdivision, in particular during the AM peak hour.



Background

Spyglass Hills at Legends at Geist was developed in the 1990s and has access points on both 116th Street and on Cumberland Road. The neighborhood has approximately 241 homes. It accesses 116th Street between Cumberland Road and Hoosier Road and its entrance roadway, Spyglass Ridge Drive aligns with Archer Lane to the north. Spyglass Falls was developed in the 2000s and has access only to 116th Street. The neighborhood has approximately 233 homes. It also accesses 116th Street between Cumberland Road and Hoosier road near the crest of a vertical curve on 116th Street just east of the 116th Street bridge over Sand Creek. When Spyglass Falls was developed, through significant engagement with the Fishers Town Council, the neighborhood was developed with only a pedestrian walkway connecting the two neighborhoods. The recorded plat shows this asphalt path in a “50’ right-of-way, pedestrian and emergency access.”



According to Spyglass Falls residents, a simple way to provide relief access is to connect the two subdivisions via a new street from Knightsbridge Lane to the Laurel Falls Drive/Niagara Drive intersection. The residents of Spyglass Hills have indicated that they are generally against this option. The residents of Spyglass Hills have noted that this possible connection seems to be discussed every few years and they would like to put this topic behind them.

The Fishers Engineering Department, Fire Department and Parks Department met with representatives from the Spyglass Falls neighborhood in October 2015 and January 2016. While many ideas related to improvements were discussed, the meetings broke with the understanding that the Spyglass Falls HOA would coordinate discussions with the Spyglass Hills HOA and if both neighborhoods were agreeable with a consensus for a roadway connection, Fishers staff would approach the City Council about properly budgeting such a project. The Fishers staff understood that no consensus was ever achieved. In April and May 2016, citizens initiated a letter writing campaign from the two neighborhoods to the office of the Mayor and to members of the City Council. On May 27, 2016, representatives from both neighborhoods met with Mayor Scott Fadness, Councilor John Weingardt and Councilor Cecilia Coble. Many points were made about connecting the two neighborhoods or considering other possible solutions. Mayor Fadness committed to studying the topic further with a final report with recommendations made to the Board of Public Works and Safety in a public meeting so all citizens could be involved in the process.

Other Information

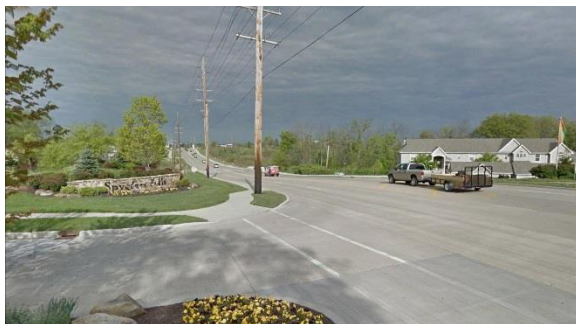
The on-going discussions about ingress and egress to Spyglass Falls have happened during a significant construction period in southern Fishers. At the time of these conversations, 82nd Street in Indianapolis was under construction with the only open lanes for WB traffic; the intersection of 96th Street and Cumberland Road was closed for conversion from a signalized intersection to a multi-lane roundabout; 106th Street over I-69 is closed for construction of a new interchange. INDOT is completing road widening on I-69 between exit 205 and exit 214 in 2016 and 2017. Moreover, roadwork is scheduled to begin for a roundabout installation at the intersection of 106th Street and Cumberland Road on or around August 1, 2016. All of these projects likely have driven additional traffic to 116th Street in the AM and PM peak hours. These referenced projects, once completed will have a bettering affect upon 116th Street traffic. Further, during this time of heightened traffic volumes, there is concern from Spyglass Falls about increases in traffic on 116th Street from private development projects like Top Golf and IKEA. These infrastructure projects mentioned before, and others like improvements on 116th Street are planned to counteract traffic generated from continued development in Fishers.

Entrance to Spyglass Falls

The entrance to Spyglass Falls is situated at the crest of a vertical curve on 116th Street. Its location has been checked for intersection sight distance (ISD) and stopping sight distance (SSD). ISD requires a 440' sight triangle for the posted speed limit of 40 MPH. This is met for both Klotz Farm Boulevard turning



onto EB 116th Street looking west and for turning onto WB 116th Street including the crossing maneuver of EB travel lanes. ISD is somewhat obscured by tall power poles along the south side of 116th Street, but it is still met. SSD is restricted for WB through traffic on 116th Street, but is affected by height of object west of the subdivision entrance, not by any vehicles in the roadway departing the neighborhood. The entrance on Klotz Farm Boulevard has two exiting lanes, one for right turns and one for left turns. When a vehicle is in the left turn lane to exit, a right turning vehicle can sometimes block the sight distance for the left turning vehicle. The roadway width of 116th Street at Klotz Farm Boulevard is in a period of transition. It is transitioning from a four-lane section across the 116th Street Bridge over Sand Creek to a five-lane section east of this location. The fifth lane added is a flush median, sometimes referred to as a suicide lane. This does not exist west of the Spyglass Falls entrance and has been suggested by some residents that this is a detriment to exiting the neighborhood.



Looking West on 116th Street
from Spyglass Falls Entrance



Looking East on 116th Street
from Spyglass Falls Entrance

Safety/Crash Reports

This memorandum summarizes the crash reports found at the entrance to Spyglass Falls on 116th Street. An investigation of the types of crashes in Spyglass Hills on Knightsbridge Lane have also been investigated. Spyglass Falls residents have cited many near-miss crashes leaving their neighborhood. While this is of concern, the Fishers Engineering Department hears about near-misses on a routine basis. There are perceived safety issues from near-miss crashes, but sound engineering recommendations must be made based upon actual reported crash history and data with narrative from police officers to determine underlying root cause and possible corrective actions that could be taken from this information. Appendix A contains the crash reports found at the intersection of 116th Street and Klotz Farm Boulevard from 2010 to 2015. Appendix B contains the crash reports at any location along Knightsbridge Drive from 2010 to 2015.

A search of crash reports over the six-year period was completed to see if there was a systemic problem at these locations. The search found 13 crashes at the intersection of 116th Street and Klotz Farm Boulevard, with 4 of these crashes having injuries. 2 of the crashes involved a single vehicle striking a



deer in the roadway and would not generally be correctible with infrastructure changes. Of the 11 crashes, the most common type of collision is a right-angle collision that would be correctible by new roadways, median changes, intersection improvements, or access control and management. 8 of these crashes were right-angle or left-turn type of collisions, which are indicative of the need for turning movement treatments. 3 of the crashes were rear-end collisions generally caused by driver inattention or weather related causes. 11 crashes over a 6-year period is approximately 2 crashes per year and is generally not a high crash rate location compared to other intersection in Fishers. While this does not minimize the occurrences at this location, according to the Indiana Manual on Uniform Traffic Control Devices (MUTCD), intersection treatments are typically not recommended if there are less than 5 correctible crashes per year for a 3-year period.

Similarly, crashes were investigated for all locations on Knightsbridge Lane to investigate the volume and types of collisions in consideration of possibly connecting the neighborhoods together via a new roadway. The search of crash reports of the same six-year period found 2 crashes; this is also viewed as a low amount of crashes.

Neighborhood Connectivity/Ordinance

One point made throughout the input by residents is the single entrance into and out of the Spyglass Falls neighborhood and the easy ability to create a second entrance by connecting a new road at Knightsbridge Lane. Recall that both Spyglass Hills and Spyglass Falls were developed prior to the Fishers Town Council passing ordinances requiring 2 entrances. Fishers Fire Prevention Code, *Section 92.06.01, Fire Department Access* was adopted via Ord. 121905A in December 2005 stipulates that a 2nd entrance is required once a neighborhood has more than 49 homes in it. The current Fishers Fire Chief has indicated that a 2nd full entrance is desired, but that the current pedestrian/emergency access point adjacent to Knightsbridge Lane is acceptable as a secondary emergency access point.

On Friday, June 3, 2016 a gas leak required the closure of 116th Street just east of the Spyglass Falls entrance. This road closure exacerbated the situation of Spyglass Falls only having one main entrance to the subdivision. A 6" gas main was pinched during telecommunication company excavation work along the south side of 116th Street. The emergency access mentioned above was utilized during this period by removing wooden posts and allowing roadway access during this period. No crashes were reported during this road closure.

Neighborhood Input

Through involvement in meetings to-date, and/or via e-mail communication to the City, many points have been made by residents about access and neighborhood connectivity. The many points are summarized below, with follow up measurements to try to provide context into their validity and how they may affect the outcome of any decision by the Board of Public Works and Safety. (The items that follow are provided with indented additional information gathered during this investigation):



- Make the roadway connection between the two neighborhoods, it can easily be connected and the walking path can be replaced; this will be a safe secondary access point for Spyglass Falls.
 - The public right-of-way is already in place for this type of connection.
 - The roadway that could be connected is approximately 200 feet long and would require only minimal modification of the existing roadway network.
- The roadway connection between the two neighborhoods should not be made. The roads in Spyglass Hills are the narrowest in Fishers. There is no ability to maneuver around parked cars and there shouldn't be any additional traffic. Cars travel too fast on Knightsbridge Lane and Deering Street already and more traffic will only make this worse. It is not uncommon to see vehicles coming south on Knightsbridge Lane going 40-50 MPH because of traveling downhill. This neighborhood issue should have been resolved 20 years ago.
 - The roads in Spyglass Hills meet the standards that were in effect in the 1990s during the many phases of construction of the subdivision. The road are 24' in width, plus 2' of rolled curb and gutter on each side of the roadway for 28' back-to-back of curb. This street width is common in Fishers and acceptable to the Engineering Department and Fire Department. The roadway connection would result in more traffic on Knightsbridge Lane.
 - The horizontal and vertical curvature of the roadway are compliant with Fishers subdivision construction standards when they were built and are designed for 25 MPH speed. The posted speed limit in Spyglass Hills is 25 MPH and is in the Fishers code of ordinances as such. The posted speed limit in Spyglass Falls is 17 MPH and is in the Fishers code of ordinances at 30 MPH. Regardless of any outcome, information will be passed along to the Fishers Police Department to pursue enforcement within the neighborhoods to gain voluntary compliance with speed limits.
 - Neighborhood connectivity is encouraged by the Fishers Uniform Development Ordinance.
 - The Engineering and Public Works Departments will need to work with Spyglass Falls to get the neighborhood posted at 25 MPH. This is the design speed for residential streets





- in Fishers. The ordinance needs to match the signage for it to be enforceable. 17 MPH is not allowed by law as it is lower than minimums established by Indiana state code.
- Many children play on Knightsbridge Lane or live within 200' of the possible roadway connection which would be unsafe. Bikers, joggers and walkers are already at risk. There are kids that get off of buses near this location.
 - Many kids live in this neighborhood, but no false sense of security should be obtained by any family or child playing in the street. Streets are for roadway and bicycle traffic. Pedestrians should use the sidewalks. Whether any additional roadway connection is made or not, kids should not be playing in the road. Vehicles parked in the street may indeed be affecting visibility of other roadway users.
 - The second entrance to Spyglass Falls is not needed, the single entrance is a crime deterrent.
 - There does not appear to be a way to substantiate or refute this comment. With one entrance to a neighborhood, there is one way in and one way out to catch an offender. Similarly with only one entrance it is harder to establish a perimeter to catch a bad guy.
 - If the connector road is constructed, there is no sight distance and it is located at the top of a blind hill with a narrow road. There are instances where emergency vehicles can barely make it to their destination safely.
 - The SSD and ISD were checked if the road was connected. Even with this location at the crest of a curve, there is adequate SSD. ISD was also checked for the intersection stop condition and the 280 feet of ISD for this roadway given the posted 25 MPH speed limit would be able to be met. If a road was connected, consideration should be given to making this a three-way stop.
 - A timber retaining wall appears to be located within the public right-of-way and may need modification to increase sight distance and remove this encroachment.
 - Regardless of whether a road is connected or not, as a follow up investigation, on-street parking should be investigated and considered for parking restrictions to ensure that emergency vehicles have adequate access to residents.
 - There is significant construction on 96th Street, a new entrance at 106th Street on the interstate and the residents of Spyglass Falls should see a significant change in traffic patterns at their exit on 116th Street. Before building a connector road onto Knightsbridge Lane, the changes should be fully evaluated.
 - INDOT and Fishers are investing in a new interchange at 106th Street with I-69 that is under construction until the end of 2016. This interchange is expected to immediately draw down some traffic at both 96th Street and 116th Street. This was up to 18% depending upon the specific location and peak hour. This analysis was limited to the area immediately around the I-69 interchanges, however it would be expected that this reduction in traffic would carry to the segment of 116th Street near both Spyglass Falls and Spyglass Hills.



- Since this dialogue was initiated, 96th Street and Cumberland Road has reopened to traffic. There is also significant work on 116th Street occurring in 2016 and 2017 between Commercial Drive and Cumberland Road that will have impacts to traffic on this corridor.
- Without making the new roadway connection, homes are harder to sell because no one can get out of the neighborhood. Conversely, it has been noted that if Spyglass Falls traffic is diverted to Spyglass Hills, the property values will be reduced due to the additional traffic.
 - There are no market studies that have been completed that would prove or disprove either statement. Generally neighborhood connectivity is seen as a good thing so that neighborhood trips can be made without having to travel on to arterial and collector type streets.
- There used to be a roadway connection to Cumberland Road at Cascades Court providing a 2nd entrance for Spyglass Falls. Why cannot this connection be considered?
 - Before completion of the home construction in Spyglass Falls, a temporary haul road was in place where Cascades Court is today and it connected to Cumberland Road near the bridge over Sand Creek.
 - The reconnection of this roadway does not appear to have been a long term solution given the way the right-of-way is laid out for this cul-de-sac, along with the driveway locations. In addition, a home would need to be acquired and torn down to make this connection.
- Building this roadway connection would require a Construction in a Floodway permit from DNR. It also would be relatively steep, requiring a 30-foot elevation change from Cascades Court down to Cumberland Road causing some concerns about traversing this in winter months with snow and ice.
- School buses don't even turn left out of Spyglass Falls, but rather turn right onto 116th Street and then turn right into Spyglass Hills. These school buses then go all the way through the Spyglass Hills neighborhood to Cumberland Road. The school bus traffic from Spyglass Falls is already using the streets in Spyglass Hills.



Aerial View of Cascades Court from 2004 with Haul Road to Cumberland Road



- It has been confirmed with HSE Schools Transportation department that buses do turn right-only out of Spyglass Falls. This was a statement from the end of the 2015-2016 school year. The routing can vary from year to year, but often does then go through Spyglass Hills to pick up kids. This is a result of the difficult left-turn out of Spyglass Falls, the need to pick up kids in Spyglass Hills, and the need to keep transportation times to a minimum to and from school. The traffic movement of any vehicles in Spyglass Falls turning right onto 116th Street and turning right into Spyglass Hills and traversing to Cumberland Road is a legal maneuver since these are public streets. While it is approximately 0.9 miles longer, it is a permitted movement that already exists.

Possible Solutions for Implementation

There are many possible solutions that could be exercised by Fishers to bring varying levels of improvement to the ingress and egress to both Spyglass Falls and Spyglass Hills neighborhoods. It should be noted that the approximate cost estimates states are planning level estimates and bidding a specific project would presumably result in pricing that may be different. In no particular order the options are:

1. Continued Investigation Option

This option would involve no additional projects other than what has already been undertaken via infrastructure projects already funded. This would hold on spending additional City funds until such time that the benefits of the work on 106th Street new interchange, 106th Street and Cumberland Road intersection improvement, and 116th Street widening near I-69, and the INDOT work on I-69 could be evaluated to measure any improvements to the ingress and egress to Spyglass Falls. This approach would not have any additional construction costs to the City.

2. Construct Connector Road between Spyglass Falls & Spyglass Hills

This option would involve constructing a new residential subdivision type roadway between Knightsbridge Lane and Laurel Falls Lane/Niagara Drive to connect the two neighborhoods. This would utilize existing right-of-way. A & F Engineering has counted traffic at the neighborhood entrances of 116th Street/Klotz Farm Boulevard, 116th Street/Spyglass Ridge Drive; and Cumberland Road/Deering Street. Their analysis of this data and their engineering expertise suggests that approximately 25% of the homes from Spyglass Falls might utilize this connection and enter/exit the neighborhood from Deering Street. Utilizing the anticipated trips generated and the traffic counts this equates to approximately 43-56 more vehicles in and out at Deering Street and utilizing Knightsbridge Lane in the peak hour (which is from 5:15 pm to 6:15 pm). The traffic counts are summarized in Appendices C, D, and E. It is anticipated that the construction costs for this connection are approximately \$88,000 plus design costs.

3. Close the Median on 116th Street in front of Spyglass Falls

This option would involve constructing a raised median in front of the Spyglass Fall neighborhood entrance. It would eliminate the left turns into and left turns out of the neighborhood. Control of access like this is a way to improve safety by eliminating many turning conflict points. It does,



however, possibly shift these conflicts to other locations because vehicles are forced to other intersections to make turning movements. This would encourage the use of U-turns at other intersections like Spyglass Ridge Drive or Sand Creek Boulevard. It is anticipated that the construction costs for this connection are approximately \$325,000 plus design costs. It is not known at this time if additional right-of-way would be needed.

4. Reconnect a west exit from Spyglass Falls to Cumberland Road

This option would involve constructing a road from the end of Cascades Court to Cumberland Road. During the construction of Spyglass Falls subdivision, this haul road was used to construct infrastructure and homes and near the end of home build-out in the subdivision.

To reconnect this roadway would mean the acquisition of a home and displacement of its residents as well as additional right-of-way acquisition on the parcel to the west. The floodway and flood fringe of Sand Creek would be impacted and require a Construction in a Floodway permit from the Indiana Department of Natural Resources which may take further mitigation.

The current Cascades Court sits much higher than Cumberland Road to which it could connect. There is approximately a 30-foot elevation change in the 600-foot distance from the end of Cascades Court to Cumberland Road which is about a 6% grade. This is relatively steep and would be a concern in winter with snow and ice and the potential for sliding.

Currently Cascades Court has 5 homes on it and if a home is removed it would have 4 homes on it, but this connector road would put more traffic in front of these residences. It is anticipated that the construction costs for this connection are approximately \$230,000 plus design costs. The cost of this roadway is higher than typical because of the amount of borrow that would be needed and its connection to Cumberland Road near a bridge structure. A significant right-of-way budget would need to be established for this option that would likely exceed \$500,000.

5. Construct a Traffic Signal at the intersection of 116th Street and Klotz Farm Boulevard

This option would involve constructing a new traffic signal on 116th Street in order to provide gaps in traffic for entering and exiting trips at Spyglass Falls subdivision. This would improve the ingress and egress for Spyglass Falls, however it would be detrimental to the flow on 116th Street that is the heavier traffic movement. A traffic signal at this location does not meet any of the three primary signal warrants as defined by the Indiana Manual on Uniform Traffic Control Devices (MUTCD). It is not recommended to install a traffic signal at a location where it is unwarranted. Even if a traffic signal was warranted, this does not automatically mean a traffic signal should be installed. If a signal was installed and was unwarranted, the City Council might get similar requests from other neighborhoods that perceive gap issues along 116th Street or other arterials in Fishers. It is anticipated that the construction costs for this connection are approximately \$355,000 plus design costs. It is not known at this time if additional right-of-way would be needed.

6. Construct a Traffic Signal at the intersection of 116th Street and Spyglass Ridge Drive

This option would involve constructing a new traffic signal on 116th Street in order to provide gaps in traffic for entering and exiting trips at Spyglass Hills subdivision. This would improve the



ingress and egress for Spyglass Hills, however it would be detrimental to the flow on 116th Street that is the heavier movement. It would have a direct benefit to Archer Farms. There would also be an indirect benefit for Spyglass Falls and Lake Stonebridge subdivisions because this signal would provide gaps in one direction on 116th Street for an exiting vehicle to get out into traffic on 116th Street. Similarly, a traffic signal at this location does not appear to meet any of the three primary signal warrants as defined by the Indiana MUTCD. It is not recommended to install a traffic signal at a location where it is unwarranted. Even if a traffic signal is warranted, this does not automatically mean a traffic signal is installed. If a signal was installed and was unwarranted, the City Council might get similar requests from other neighborhoods that perceive gap issues along 116th Street or other arterials in Fishers. It is anticipated that the construction costs for this connection are also approximately \$355,000 plus design costs. It is not known at this time if additional right-of-way would be needed.

7. Construct a Connector Road and Install a Traffic Signal

This option would be a hybrid of Options 2 and 6 stated previously. The methods noted above will not be restated here, but rather if a roadway connecting Spyglass Hills and Spyglass Falls it would provide access to the Cumberland Road entrance/exit, but would also provide access to the entrance of Spyglass Hills on 116th Street by Spyglass Falls. If a traffic signal was installed at 116th Street and Spyglass Ridge Drive it would allow for access by these two neighborhoods, plus provide access to the signal for Lake Stonebridge and Archer Farms. There would be other benefits to Sand Creek Woods from gaps created by this signal. It is anticipated with Spyglass Falls and Spyglass Hills and Lake Stonebridge connected accessing this intersection that this condition would meet a traffic signal warrant. It is anticipated that the construction costs for this connection are approximately \$413,000 plus design costs. It is not known at this time if additional right-of-way would be needed.

Another variation of this same hybrid option would be to close the median as noted in Option 3 to make the access at Spyglass Falls a right-in/right-out option to ensure that motorists would utilize the safe access at the traffic signal. This would mean further changes in traffic patterns within the neighborhoods. It is anticipated that the construction costs for this connection are approximately \$738,000 plus design costs.

8. Construct a Roundabout at 116th Street and Klotz Farm Boulevard or 116th Street and Spyglass Ridge Drive

This option would involve constructing a roundabout on 116th Street at one of the entrances to either Spyglass Falls or Spyglass Hills subdivisions. Because roundabouts are yield-at-entry traffic control devices, traffic entering the roundabout would have a better opportunity to find gaps in 116th Street traffic needing to seek them from only one direction rather than both. There are no other roundabouts on 116th Street so this would be an educational outreach effort that would be needed because it may not meet driver expectation. A roundabout would be an opportunity for aesthetic improvements to be made in the central island, and they are seen as less utilitarian than traffic signals.



A roundabout installed at Klotz Farm Boulevard would not be a typical roundabout installation. Often a roundabout intersection could take the place of a signalized intersection, but typically side street traffic volumes are higher than they would be at either Spyglass Falls or Spyglass Hills entrance. A roundabout can offer good intersection capacity if there are high left turning volumes from 116th Street onto the side street, but this is generally not the case at either neighborhood location. Roundabouts can reduce the potential for crashes at a two-way stop controlled intersection. It is anticipated that the construction costs for this installation are approximately \$1,150,000 plus design costs. A significant right-of-way budget would need to be established for this option because of the bulbing effect of the roundabout in the corners of the intersections that would likely exceed \$200,000.



Appendix A – Crash Reports
116th Street and Klotz Farm Boulevard



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901398523

Page 1 of 4

Local ID

201016535

Date of Crash 05/25/2010	Day of Week Tue	Actual Local Time 3:18 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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 [REDACTED]		Driver #2 [REDACTED]		Driver #3		Driver #4			
Driver Contributing Circumstances					Vehicle Contributing Circumstances				
Primary Cause					Primary Cause				
Vehicle 1					Vehicle 1				
Vehicle 2					Vehicle 2				
Vehicle 3					Vehicle 3				
Vehicle 4					Vehicle 4				
☐ Alcoholic Beverages					☐ Engine Failure or Defective				
☐ Illegal Drugs					☐ Accelerator Failure or Defective				
☐ Prescription Drugs					☐ Brake Failure or Defective				
☐ Driver Asleep or Fatigued					☐ Tire Failure or Defective				
☐ Driver Illness					☐ Headlight(s) Defective or Not On				
☐ Unsafe Speed					☐ Other Lights Defective				
☒ Failure to Yield					☐ Steering Failure				
☐ Disregard Signal					☐ Window/Windshield Defective				
☐ Left of Center					☐ Oversize/Overweight Load				
☐ Improper Passing					☐ Insecure/Leaky Load				
☐ Improper Turning					☐ Tow Hitch Failure				
☐ Improper Lane Usage					☐ Other				
☐ Following Too Closely					☒ None				
☐ Unsafe Backing					Environment Contributing Circumstances				
☐ Overcorrecting					☐ Glare				
☐ Ran off Road					☐ Roadway Surface				
☐ Wrong Way on One Way					☐ Holes/Ruts in Surface				
☐ Pedestrian's Action					☐ Shoulder Defective				
☐ Passenger Distraction					☐ Road Under Construction				
☐ Restriction Violation					☐ Severe Crosswinds				
☐ Jackknifing					☐ Obstruction Not Marked				
☐ Cell Phone Usage					☐ Lane Marking Obscured				
☐ Other Telematics					☐ View Obstructed				
☐ Driver Distracted					☐ Animal/Object in Roadway				
☐ Speed/Weather Conditions					☐ Traffic Ctl Inop/Missing/Obscure				
☐ Unsafe Lane Movement					☐ Utility Work				
☐ Other					☐ Other				
☒ None					☒ None				
Total Estimate of all damage in the Crash: \$5001 TO \$10000					Area Information				
					Hit and Run NO				
					School Zone NO				
					Rumble Strips NO				
					Locality URBAN				
					Light Condition DAYLIGHT				
					Weather Conditions CLEAR				
					Surface Condition DRY				
					Type of Median CURBED				
					Type of Roadway Junction NO JUNCTION INVOLVED				
					Road Character STRAIGHT/HILLCREST				
					Roadway Surface CONCRETE				
					Construction NO If Yes, Construction Type				
					Traffic Control Devices LANE CONTROL				
					Traffic Control Device Operational? NA				
					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				
☐ Witness # Name					(Last Name, First Name, MI)				
☐ Other Participant									
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name					Cited?		Direction		
☐ Other Participant									
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID
201016535

Type of Crash

RIGHT ANGLE

Time Notified 3:21 PM	Time Arrived 3:21 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 05/25/2010	
Investigating Officer WEESNER, K		ID No. 3121	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated in summary he was turning left onto E 116th St. from Klotz Farm Blvd. when he struck the left side of V2. D1 stated he looked both ways and thought the roadway was clear until he struck V2.

D2 stated in summary he was driving west on E 116th St. at the intersection with Klotz Farm Blvd. when D1 attempted to turn left onto E. 116th St. D2 stated D1 drove his motorcycle into the driver's side door of V2. D2 said he attempted to turn quickly into the right lane of traffic, however he was still unable to avoid D1.

D1 had a complaint of minor pain in his left arm. He was evaluated by Fishers Emergency Medical Services and released on scene.

D1 failed to yield the right of way and struck the driver's side door of V2

-END NARRATIVE-
Ofc. K. Weesner 3121

UNIT INFORMATION

901398523

Page 3 of 4

Local ID
201016535

1		Driver's Name (Last, First, MI)		Safety Equipment Used HELMET	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/11/1989		Age 21		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury ABRASION	
☒ Normal		☐ Glasses/Contact Lenses		Location of Most Severe Injury ELBOW/LOWER ARM	
☐ Had Been Drinking		☐ Outside Rearview Mirror		If Cited?	
☐ Handicapped		☐ Daylight Driving		☐ Infraction	
☐ Ill		☐ Automatic Transmission		☐ Misdemeanor	
☐ Asleep/Fatigued		☐ Special Controls		☐ Felony	
☐ Drugs/Medication		☐ Employment Only			
☐ Unknown		☐ Motorcycle Only			
☐ To/From Employment		☒ None			
Test Given NONE		Type Given			
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color BLACK		Vehicle Year 2008	
# Occupants 1		Lic Year 2010		License # 237117	
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE INSURANCE	
Vehicle Identification #		Model BONNEVILLE		Style MC	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 800-776-4737		☐ Undercarriage	
FISHERS		IN 46037		☐ Trailer	
Towed? To NO		Due to Disabling Damage		☐ None	
Lic State		Lic Year		☐ Unknown	
Registered Owner's Name (Last, First, MI)		Same as Driver			
License #		Address (Street, City, State, Zip)		Areas Damaged (Multiples)	
Veh Year		Make		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Commercial Vehicle: Carrier's Name and Address				PERSONAL (FARM, COMPANY)	
HAZMAT Proper Shipping Name:		State DOT#		Emergency Run?	
US DOT#		ICC#		Fire?	
CMV Inspection		If Yes		NO	
Gross Vehicle Weight Rating		Cargo Body Type		Vehicle Type	
HAZMAT Placard		HAZMAT Release of Cargo		MOTORCYCLE	
HAZMAT 4-Digit ID#		Hazard Class #		Pre-Crash Vehicle Action	
				TURNING LEFT	
				Direction of Travel	
				NORTHWEST	
				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Private Drive	
				☒ Multi-Lane Divided (3 or more)	
				☐ Alley	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

Local ID
201016535

Page 4 of 4

Page 971 of 1081



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901498103

Page 1 of 4

Local ID

201030101

Date of Crash 09/08/2010	Day of Week Wed	Actual Local Time 10:51 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																													
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Local ID
201030101

Type of Crash

LEFT TURN

Time Notified 10:51 AM	Time Arrived 10:55 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer ROB THOMPSON		ID No. 3069	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 09/08/2010	
Investigating Officer PARSHALL, H		ID No. 3126	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated she was attempting to turn left onto 116th street from Klotz Farm Blvd. D1 stated there were several vehicles in the right hand lane and that the individual in the front waved her out to go. D1 said she could not see the vehicles in the left hand lane and as she pulled out, she struck D2's vehicle on the passenger side.

D2 stated that she was traveling east on 116th street in the left hand lane. D2 informed me that D1 struck her in the passenger side.

W1 stated that she was in the right hand lane of traffic and saw D1 pull out from Klotz Farm BLVD onto 116th Street and hit D2.

End of Narrative.....H. Parshall 3126

UNIT INFORMATION

901498103

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Local ID
201030101

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 02/18/1935		Age 75		Gender FEMALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color WHITE		Vehicle Year 2001	
# Occupants 1		Lic Year 2011		License # D407CN	
# Axles 2		Speed Limit 40		Insured By WOLF INSURANCE	
Vehicle Identification # [REDACTED]		Model ODYSSEY		Style VN	
Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN		Phone Number 317-842-1924	
Address (Street, City, State, Zip) [REDACTED]		FISHERS IN 46037		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Vehicle Use PERSONAL (FARM, COMPANY)		Emergency Run? Fire? NO	
Towed? To NO By		Due to Disabling Damage		Vehicle Type PASSENGER CAR/STATION WAGON	
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action TURNING LEFT	
Veh Year		Make		Direction of Travel NORTH	
Lic State		Lic Year		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☒ Two Lanes ☐ Multi-Lanes (3 or more)	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
License#		Address (Street, City, State, Zip)		Event Collision With 1. ANOTHER MOTOR VEHICLE	
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 #	

UNIT INFORMATION

901498103

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Local ID
201030101

Driver's Name (Last, First, MI) 2 [REDACTED] M				Safety Equipment Used LAP + HARNESS							
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES							
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED							
Date of Birth 01/22/1977		Age 33		Gender FEMALE		EMS No. 0715		Inmed Attn		Driver Injury Status NON-INCAPACITATING	
Driver's License # [REDACTED]			Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN		
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown			Restrictions ☒ Glasses/Contact Lenses ☒ Outside Rearview Mirror ☒ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment			☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None			Location of Most Severe Injury ABDOMEN/PELVIS		
Test Given NONE			Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			IC Codes		
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results			
Veh# 2		Color GREEN		Vehicle Year 2005		Make HONDA		Model PILOT		Style UT	
# Occupants 2		Lic Year 2011		License # 2340243283		License State IN					
# Axles 2		Speed Limit 40		Insured By INDIANA INSURANCE				Phone Number 800-242-7420			
Vehicle Identification # [REDACTED]											
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver											
Address (Street, City, State, Zip) [REDACTED]											
FISHERS IN 46037											
Towed? To YES By FISHERS TOWING				Due to Disabling Damage							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver							
License #				Address (Street, City, State, Zip)							
Veh Year		Make									
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver							
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 ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown											
Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown											
Vehicle Use PERSONAL (FARM, COMPANY)											
Emergency Run?								Fire? NO			
Vehicle Type UTILITY (SUV)											
Pre-Crash Vehicle Action GOING STRAIGHT											
Direction of Travel EAST											
Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☒ Two Lanes ☐ Multi-Lanes (3 or more)											
Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)											
Event Collision With 1. ANOTHER MOTOR VEHICLE											

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901585957

Local ID

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of

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20113894

Date of Crash 02/05/2011	Day of Week Sat	Actual Local Time 11:42 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 2	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/MileMarker/Interchange KLOTZFARM 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		Driver #2			Driver #3		Driver #4		
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Circumstances Alcoholic Beverages Illegal Drugs Prescription Drugs Driver Asleep or Fatigued Driver Illness Unsafe Speed Failure to Yield Disregard Signal Left of Center Improper Passing Improper Turning Improper Lane Usage Following Too Closely Unsafe Backing Overcorrecting Ran off Road Wrong Way on One Way Pedestrian's Action Passenger Distraction Restriction Violation Jackknifing Cell Phone Usage Other Telematics Driver Distracted Speed/Weather Conditions Unsafe Lane Movement Other None Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Circumstances Engine Failure or Defective Accelerator Failure or Defective Brake Failure or Defective Tire Failure or Defective Headlight(s) Defective or Not On Other Lights Defective Steering Failure Window/Windshield Defective Oversize/Overweight Load Insecure/Leaky Load Tow Hitch Failure Other None Environment Contributing Circumstances Glare Roadway Surface Holes/Ruts in Surface Shoulder Defective Road Under Construction Severe Crosswinds Obstruction Not Marked Lane Marking Obscured View Obstructed Animal/Object in Roadway Traffic Ctrl Inop/Missing/Obscure Utility Work Other None									
Total Estimate of all damage in the Crash: \$2501 TO \$5000					Area Information				
					Hit and Run NO				
					School Zone NO				
					Rumble Strips NO				
					Locality URBAN				
					Light Condition DAYLIGHT				
					Weather Conditions BLOWING SAND/SOIL/SNOW				
					Surface Condition SNOW/SLUSH				
					Type of Median NONE				
					Type of Roadway Junction NO JUNCTION INVOLVED				
					Road Character STRAIGHT/GRADE				
					Roadway Surface CONCRETE				
					Construction NO If Yes, Construction Type				
					Traffic Control Devices LANE CONTROL				
					Traffic Control Device Operational? NA				
					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				
☐ Witness # Name					(Last Name, First Name, MI)				
☐ Other Participant									
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name					Cited?		Direction		
☐ Other Participant									
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID

20113894

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 11:52 AM	Time Arrived 11:56 AM	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 02/05/2011	
Investigating Officer ROBINSON, C		ID No. 3068	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was westbound on E 116th St. D1 stated he was traveling 2 car lengths behind V2, when a third (unknown) cut him off. D1 stated that this vehicle was traveling behind V2 and cut in front of him abruptly. D1 stated he hit his brakes to avoid the vehicle cutting in front of him and began to slide on the snow covered road. D1 stated he lost control and slid into V2.

D2 stated she was westbound on E 116th St. D2 stated that while she was driving, she was struck from behind by V1.

UNIT INFORMATION

901585957

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Local ID
20113894

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? NO	
FAIRLAND		IN 46126		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 12/19/1991		Age 19		Gender MALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury COMPLAINT OF PAIN	
☒ Normal		☒ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☐ None			
Test Given NONE		Type Given		Location of Most Severe Injury KNEE/LOWER LEG/FOOT	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT		If Cited?	
Alcohol Results		Certified Test		☐ Infraction	
PBT		☐ Pending		☐ Misdemeanor	
Drug Results				☐ Felony	
Veh# 1		Color GOLD		Vehicle Year 2000	
Make PLYMOUTH		Model BREEZE		Style 4D	
# Occupants 1		Lic Year 2011		License # NH96391	
License State IN		# Axles 2		Speed Limit 40	
Insured By NATIONWIDE MUTUAL		Phone Number 800-421-1444		Initial Impact Area	
Vehicle Identification#				☐ Undercarriage	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Trailer	
Address (Street, City, State, Zip)				☐ None	
FAIRLAND		IN 46126		☐ Unknown	
Towed? To MILLERS		Due to Disabling Damage		Areas Damaged (Multiples)	
YES By MILLERS				☐ Undercarriage	
Lic State		Registered Owner's Name (Last, First, MI)		☐ Trailer	
Lic Year		☐ Same as Driver		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Registered Owner's Name (Last, First, MI)		PERSONAL (FARM, COMPANY)	
Lic Year		☐ Same as Driver		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire?	
Veh Year		Make		NO	
Commercial Vehicle: Carrier's Name and Address				Vehicle Type	
				PASSENGER CAR/STATION WAGON	
				Pre-Crash Vehicle Action	
				GOING STRAIGHT	
				Direction of Travel	
				WEST	
HAZMAT Proper Shipping Name:		State DOT#		Type of Primary/Secondary Roadway	
US DOT#		ICC#		One Way Traffic	
CMV Inspection		If Yes		Two Way Traffic	
Gross Vehicle Weight Rating		Cargo Body Type		☐ One Lane	
HAZMAT Placard		HAZMAT Release of Cargo		☐ Two Lanes	
HAZMAT 4-Digit ID#		Hazard Class #		☐ Private Drive	
				☐ Multi-Lane Divided (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

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20113894

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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901700845

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Local ID 201131783

Date of Crash 09/30/2011	Day of Week Fri	Actual Local Time 7:09 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause		Primary Cause		Area Information	
Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2	Hit and Run NO	
Vehicle 3	Vehicle 4	Vehicle 3	Vehicle 4	School Zone NO	
Driver Contributing Circumstances		Vehicle Contributing Circumstances		Rumble Strips NO	
☐	☐	☐	☐	Locality URBAN	
☐	☐	☐	☐	Light Condition DAWN/DUSK	
☐	☐	☐	☐	Weather Conditions CLOUDY	
☐	☐	☐	☐	Surface Condition DRY	
☐	☐	☐	☐	Type of Median NONE	
☐	☐	☐	☐	Type of Roadway Junction T-INTERSECTION	
☐	☐	☐	☐	Road Character STRAIGHT/GRADE	
☐	☐	☐	☐	Roadway Surface ASPHALT	
☐	☐	☐	☐	Construction NO	If Yes, Construction Type
☐	☐	☐	☐	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	
☒ Witness	# 1	(Last Name, First Name, MI)	
☐ Other Participant	CHRISTOPHER CONGDON		
Address etc. 11714 CANYON CT FISHERS IN 46037		Non-Motorist Type	Non-Motorist Action
Phone # 317-459-6750		Apparent Physical Condition	
☐ Witness	#	Cited?	Direction
☐ Other Participant	Name		
Address etc.		Street/Highway	
Phone #		Traffic Control? If yes, was traffic control operational?	
Location at Time of Crash			

Local ID

201131783

**Type of
Crash**

LEFT TURN

Time Notified 7:10 AM	Time Arrived 7:15 AM	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 09/30/2011	
Investigating Officer LINDAUER, J		ID No. 3118	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was pulling off Klotz Farm BLVD onto E 116th ST. D1 did not see V2 approaching until after he had started pulling out, but it was too late to avoid a collision and V2 crashed into the driver's side door of V1.

D2 stated he was driving eastbound at approximately 40-45 MPH along E 116th ST approaching Klotz Farm BLVD when a vehicle pulled across the road turning left in front of him. V1 then pulled across E 116th ST from Klotz Farm BLVD just after the first vehicle and immediately in front of V2. D2 attempted to swerve to the right but did not have time to avoid a collision and crashed into the side of V1.

W1 stated he was driving eastbound on E 116th ST directly behind V2 at approximately 45 MPH. W1 observed V1 begin to pull off of Klotz Farm BLVD, then hesitate for a moment before continuing out onto E 116th ST directly in front of V2. V2 attempted to swerve right but crashed into the side of V1.

No injuries were reported at the time of the crash.

End of narrative.

Officer Jeremy Lindauer 3118
Fishers Police Department

UNIT INFORMATION

901700845

Page 3 of 4

Local ID
201131783

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 11/12/1964	Age 46	Gender MALE		EMS No.	Immed Attn
Driver's License # [REDACTED]		Lic Type OP	CDL Class	Lic State IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1	Color MAR/	Vehicle Year 2011	Make HONDA	Model ACCORD	Style 4D
# Occupants 1	Lic Year 2012	License # 718NI	License State IN		
# Axles 2	Speed Limit 40	Insured By LIBERTY MUTUAL	Phone Number 8002252467		
Vehicle Identification # [REDACTED]		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI) [REDACTED]		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Address (Street, City, State, Zip) [REDACTED]		Vehicle Use PERSONAL (FARM, COMPANY)			
FISHERS		IN 46037-4088		Emergency Run?	
Towed? YES	To FISHERS TOWING	Due to Disabling Damage YES		Fire? NO	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]		Vehicle Type PASSENGER CAR/STATION WAGON	
License#	Address (Street, City, State, Zip) [REDACTED]				
Veh Year	Make	Pre-Crash Vehicle Action TURNING LEFT			
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) [REDACTED]		Direction of Travel NORTHWEST	
License#	Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)				
Veh Year	Make	Two Way Traffic ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☒ Multi-Lane Undivided (3 or more)			
Commercial Vehicle: Carrier's Name and Address [REDACTED]		Event Collision With 1. ANOTHER MOTOR VEHICLE			
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 #		

UNIT INFORMATION

901700845

Page 4 of 4

Local ID
201131783

2		Driver's Name (Last, First, MI)		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
CARMEL		IN 46033		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 05/28/1976		Age		Gender MALE	
Driver's License #		Lic Type OP		CDL Class	
				Lic State IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color TAN/		Vehicle Year 2005	
Make ACURA		Model TL		Style 4D	
# Occupants 2		Lic Year 2012		License # CC5126	
License State IN		# Axles 2		Speed Limit 40	
Insured By LIBERTY MUTUAL		Phone Number 8002252467			
Vehicle Identification #				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
CARMEL		IN 46033-8282		Areas Damaged (Multiples)	
Towed? To YES By BROOKS TOWING		Due to Disabling Damage YES		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License #		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make			
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
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 #					
Vehicle Use		PERSONAL (FARM, COMPANY)			
Emergency Run?		Fire?		NO	
Vehicle Type		PASSENGER CAR/STATION WAGON			
Pre-Crash Vehicle Action		GOING STRAIGHT			
Direction of Travel		EAST			
Type of Primary/Secondary Roadway		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		☒ Multi-Lane Undivided (3 or more)	
Event Collision With		1. ANOTHER MOTOR VEHICLE			

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901749764

Local ID

Page

1

of

4

201141432

Date of Crash 12/23/2011	Day of Week Fri	Actual Local Time 7:13 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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																																																																																																																																																																																																																																																
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Oversize/Overweight Load	☐	☐	☐	☐																																																																																																																																																																																																																																																					
Insecure/Leaky Load	☐	☐	☐	☐																																																																																																																																																																																																																																																					
Tow Hitch Failure	☐	☐	☐	☐																																																																																																																																																																																																																																																					
Other	☐	☐	☐	☐																																																																																																																																																																																																																																																					
None	☒	☒	☐	☐																																																																																																																																																																																																																																																					
Hit and Run					NO																																																																																																																																																																																																																																																				
School Zone					NO																																																																																																																																																																																																																																																				
Rumble Strips					NO																																																																																																																																																																																																																																																				
Locality					URBAN																																																																																																																																																																																																																																																				
Light Condition					DARK (NOT LIGHTED)																																																																																																																																																																																																																																																				
Weather Conditions					CLEAR																																																																																																																																																																																																																																																				
Surface Condition					DRY																																																																																																																																																																																																																																																				
Type of Median					NONE																																																																																																																																																																																																																																																				
Type of Roadway Junction					T-INTERSECTION																																																																																																																																																																																																																																																				
Road Character					STRAIGHT/HILLCREST																																																																																																																																																																																																																																																				
Roadway Surface					ASPHALT																																																																																																																																																																																																																																																				
Construction					If Yes, Construction Type																																																																																																																																																																																																																																																				
NO																																																																																																																																																																																																																																																									
Traffic Control Devices					LANE CONTROL																																																																																																																																																																																																																																																				
Traffic Control Device Operational?					NA																																																																																																																																																																																																																																																				
Total Estimate of all damage in the Crash: \$10001 TO \$25000					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																																																																																																																																																																																																																																																				
☒ Witness # 1 Name MICHELLE LEE					(Last Name, First Name, MI)																																																																																																																																																																																																																																																				
☐ Other Participant																																																																																																																																																																																																																																																									
Address etc. 8821 S 650 W PENDELTON INDIANA					Non-Motorist Type		Non-Motorist Action																																																																																																																																																																																																																																																		
Phone # 317 698 1576					Location at Time of Crash BEHIND DRIVER 2 AT THE TIME		Apparent Physical Condition																																																																																																																																																																																																																																																		
☐ Witness # Name					Cited?		Direction																																																																																																																																																																																																																																																		
☐ Other Participant																																																																																																																																																																																																																																																									
Address etc.					Street/Highway																																																																																																																																																																																																																																																				
Phone #					Location at Time of Crash		Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																		

Local ID

201141432

**Type of
Crash**

LEFT TURN

Time Notified 7:14 PM	Time Arrived 7:16 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 12/23/2011	
Investigating Officer RODRIGUEZ, C		ID No. 3136	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 operator of V1 was stopped facing north at the intersection of Klotz Farm Boulevard and E.116th St. D1 stated that he was wanting to turn onto west E.116th St. D1 stated that he thought that there weren't any cars coming and he attempted to turn left onto E.116th St. D1 stated that he collided with another vehicle which was V2.

D2 operator of V2 was traveling east on 116th St. when her vehicle was suddenly T-boned by V1.

V1 had major damage to the front end of the vehicle and the drivers side front quarter panel.

V2 had major damage to the front passengers side and most of the front of the vehicle.

UNIT INFORMATION

901749764

Page 3 of 4

Local ID
201141432

1 Driver's Name (Last, First, MI)				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT									
Address (Street, City, State, Zip)				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 12/21/1983		Age 28		Gender MALE		EMS No.		Inmed Attn		Driver Injury Status			
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 1		Color GOLD		Vehicle Year 2003		Make FORD		Model EXPLORER		Style 4D			
# Occupants 1		Lic Year 2012		License # 179MCU		License State IN							
# Axles 2		Speed Limit 35		Insured By ALL STATE INSURANCE				Phone Number 8002176423					
Vehicle Identification#													
Registered Owner's Name (Last, First, MI) ☐ Same as Driver													
Address (Street, City, State, Zip)													
FISHERS IN 46037													
Towed? To YES By GARNERS TOWING SERVICE				Due to Disabling Damage YES				Vehicle Use PERSONAL (FARM, COMPANY)					
Lic State				Lic Year				Registered Owner's Name (Last, First, MI) ☐ Same as Driver					
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON					
Veh Year				Make				Pre-Crash Vehicle Action TURNING LEFT					
Lic State				Lic Year				Registered Owner's Name (Last, First, MI) ☐ Same as Driver					
License#				Address (Street, City, State, Zip)				Direction of Travel NORTHWEST					
Veh Year				Make				Type of Primary/Secondary Roadway					
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				Event Collision With 1. ANOTHER MOTOR VEHICLE					
HAZMAT Placard				HAZMAT Release of Cargo				HAZMAT 4-Digit ID#					
								Hazard Class #					

UNIT INFORMATION

901749764

Page 4 of 4

Local ID
201141432

2 Driver's Name (Last, First, MI)				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT									
Address (Street, City, State, Zip)				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 03/09/1975		Age 36		Gender FEMALE		EMS No.		Inmed Attn		Driver Injury Status			
Driver's License #				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 2		Color SILVER		Vehicle Year 2007		Make Chrysler		Model PACIFICA		Style 4W			
# Occupants 1		Lic Year 2012		License # 2937554		License State IN							
# Axles 2		Speed Limit 35		Insured By ILLINOIS STATE FARM INSURANCE				Phone Number 6185461112					
Vehicle Identification #													
Registered Owner's Name (Last, First, MI) ☐ Same as Driver													
Address (Street, City, State, Zip)													
ROBINSON IL 62454													
Towed? To YES By PREFERRED TOWING SERVICE				Due to Disabling Damage YES				Vehicle Use PERSONAL (FARM, COMPANY)					
Lic State				Lic Year				Registered Owner's Name (Last, First, MI) ☐ Same as Driver					
License#				Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON					
Veh Year				Make				Pre-Crash Vehicle Action GOING STRAIGHT					
Lic State				Lic Year				Registered Owner's Name (Last, First, MI) ☐ Same as Driver					
License#				Address (Street, City, State, Zip)				Direction of Travel EAST					
Veh Year				Make				Type of Primary/Secondary Roadway 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 ☐ Multi-Lane Undivided (3 or more)					
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 #							

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901920880

Local ID

Page

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of

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201238547

Date of Crash 11/12/2012	Day of Week Mon	Actual Local Time 7:50 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 1
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Driver Contributing Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle Contributing Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Environment Contributing					Area Information Hit and Run NO School Zone NO Rumble Strips NO Locality URBAN Light Condition DAWN/DUSK Weather Conditions RAIN Surface Condition WET Type of Median DRIVABLE Type of Roadway Junction NO JUNCTION INVOLVED Road Character STRAIGHT/GRADE Roadway Surface ASPHALT Construction NO If Yes, Construction Type 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: \$2501 TO \$5000									
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				
Witness Other Participant # Name 					(Last Name, First Name, MI)				
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
Witness Other Participant # Name 					Cited?		Direction		
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID
201238547

**Type of
Crash**

HEAD ON

Time Notified 7:45 AM	Time Arrived 7:46 AM	Other Location of Investigation SCENE OLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 11/12/2012	
Investigating Officer OSBORN, D		ID No. 3019	Agency FISHERS PD	Reviewing Officer	

Narrative

According to statements obtained from D1, V1 was eastbound on 116th, Street in the right lane of traffic at Klotz Farm Blvd. when a deer ran into the path of her vehicle from the south side of the road running north. V1 struck the deer head on.

End of narrative,
Dan Osborn
3019

UNIT INFORMATION

901920880

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Local ID
201238547

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
INDIANAPOLIS		IN		46219	
Date of Birth 12/05/1977		Age 34		Gender FEMALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SILVER		Vehicle Year 2008	
# Occupants 1		Lic Year 2012		License # 387CS	
# Axles 2		Speed Limit 40		Insured By SAFE AUTO	
Vehicle Identification# [REDACTED]		Model TRAILBLAZER		Style UT	
Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN		Phone Number 8007233288	
Address (Street, City, State, Zip) [REDACTED]		IN		46219	
Towed? NO		To By [REDACTED]		Due to Disabling Damage	
License#		Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver	
Veh Year		Make		Address (Street, City, State, Zip) [REDACTED]	
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) [REDACTED]	
License#		Address (Street, City, State, Zip) [REDACTED]		Veh Year	
Veh Year		Make		Address (Street, City, State, Zip) [REDACTED]	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With	
US DOT#		ICC#		CMV Inspection	
Gross Vehicle Weight Rating		Cargo Body Type		If Yes	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Class #		HAZMAT Class #		HAZMAT Class #	

Initial Impact Area		Front		Rear	
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		☐ ☒ ☐ ☐		☐ ☐ ☐ ☐	
Areas Damaged (Multiples)		Front		Rear	
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		☐ ☒ ☐ ☒		☐ ☐ ☐ ☐	
Vehicle Use					
PERSONAL (FARM, COMPANY)					
Emergency Run?				Fire?	
				NO	
Vehicle Type					
SPORT UTILITY VEHICLE					
Pre-Crash Vehicle Action					
GOING STRAIGHT					
Direction of Travel					
EAST					
Type of Primary/Secondary Roadway					
One Way Traffic		Two Way Traffic			
☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)		☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)			
Private Drive ☐ Alley					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901974789

Page 1 of 4

Local ID

20136148

Date of Crash 02/15/2013	Day of Week Fri	Actual Local Time 3:26 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On E 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

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

Total Estimate of all damage in the Crash: UNDER \$1001	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	
☐ Witness	#	Name	(Last Name, First Name, MI)	
☐ Other Participant				
Address etc.			Non-Motorist Type	Non-Motorist Action
Phone #			Apparent Physical Condition	
Location at Time of Crash			Cited?	Direction
☐ Witness	#	Name	Street/Highway	
☐ Other Participant				
Address etc.				
Phone #			Traffic Control?	
Location at Time of Crash			If yes, was traffic control operational?	

Local ID

20136148

**Type of
Crash**

LEFT TURN

Time Notified 3:29 PM	Time Arrived 3:36 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 02/15/2013	
Investigating Officer WYNN, S		ID No. 3104	Agency FISHERS PD	Reviewing Officer	

Narrative

On 2/15/2013 at approximately 1526HRS, V2 was traveling eastbound on E. 116th Street. As she reached the intersection with Klotz Farm Blvd, V1 turned west onto E. 116th Street from Klotz Farm Blvd. D1 said she had not seen V2 prior to turning onto E. 116th Street. Both drivers said they swerved to avoid the collision, but were unsuccessful. No reported injuries at the scene.

2/18/2013: Supplement to correct driver#1 name. FPD/ss

UNIT INFORMATION

901974789

Page 3 of 4

Local ID
20136148

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
TIPTON		IN 46072		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/16/1992		Age 20		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 1		Color SILVER		Vehicle Year 2000	
# Occupants 1		Lic Year 2013		License # 469AMV	
# Axles 2		Speed Limit 40		Insured By UNKNOWN	
Vehicle Identification #		Model ALTIMA		Style 4D	
Registered Owner's Name (Last, First, MI)		License State IN		Phone Number UNKNOWN	
Address (Street, City, State, Zip)					
TIPTON		IN 46072		Initial Impact Area	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ Trailer	
License#		Address (Street, City, State, Zip)		☐ None	
Veh Year 2000		Make NISSAN		☐ Unknown	
Lic State IN		Registered Owner's Name (Last, First, MI)		Areas Damaged (Multiples)	
License#		Address (Street, City, State, Zip)		☐ Undercarriage	
Veh Year 2000		Make NISSAN		☐ Trailer	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year 2000		Make NISSAN		Vehicle Use	
Commercial Vehicle: Carrier's Name and Address				PERSONAL (FARM, COMPANY)	
HAZMAT Proper Shipping Name:		State DOT#		Emergency Run?	
US DOT#		ICC#		Fire? NO	
Gross Vehicle Weight Rating		Cargo Body Type		Vehicle Type	
HAZMAT Placard		HAZMAT Release of Cargo		PASSENGER CAR/STATION WAGON	
HAZMAT 4-Digit ID#		Hazard Class #		Pre-Crash Vehicle Action	
				TURNING LEFT	
				Direction of Travel	
				NORTHWEST	
				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				☐ Private Drive	
				☐ Alley	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	

UNIT INFORMATION

901974789

Page 4 of 4

Local ID
20136148

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
MUNCIE		IN 47304		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 02/09/1932		Age 81		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ Tol/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood		☐ Urine		☐ Breath	
☐ SFST		☐ PBT			
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color TAN		Vehicle Year 2004	
Make TOYOTA		Model AVALON		Style 4D	
# Occupants 1		Lic Year 2013		License # 395DDM	
License State IN		# Axles 2		Speed Limit 40	
Insured By IN FARMERS MUTUAL INS COMPANY		Phone Number 7658464211			
Vehicle Identification#				Initial Impact Area	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ Undercarriage	
Address (Street, City, State, Zip)				☐ Trailer	
				☐ None	
				☐ Unknown	
MUNCIE		IN 47304		Areas Damaged (Multiples)	
Towed? To NO By		Due to Disabling Damage		☐ Undercarriage	
Lic State		Lic Year		☐ Trailer	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year		Make		Vehicle Use	
Lic State		Lic Year		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire? NO	
Veh Year		Make		Vehicle Type	
Commercial Vehicle: Carrier's Name and Address				PASSENGER CAR/STATION WAGON	
HAZMAT Proper Shipping Name:		State DOT#		Pre-Crash Vehicle Action	
US DOT#		ICC#		GOING STRAIGHT	
CMV Inspection		If Yes		Direction of Travel	
Gross Vehicle Weight Rating		Cargo Body Type		EAST	
HAZMAT Placard		HAZMAT Release of Cargo		Type of Primary/Secondary Roadway	
HAZMAT 4-Digit ID#		Hazard Class #		One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Private Drive	
				☒ Multi-Lane Divided (3 or more)	
				☐ Multi-Lanes (3 or more)	
				☐ Multi-Lane Undivided 2 way left turn	
				☐ Multi-Lane Undivided (3 or more)	
				Event Collision With	
				1. ANOTHER MOTOR VEHICLE	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902019193

Local ID

Page 1 of 4

201318464

Date of Crash 05/14/2013	Day of Week Tue	Actual Local Time 7:46 AM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On EAST 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information				
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4						
Driver Contributing Circumstances					Vehicle Contributing Circumstances									
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Engine Failure or Defective	Hit and Run NO				
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Accelerator Failure or Defective	School Zone NO				
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Brake Failure or Defective	Rumble Strips NO				
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Tire Failure or Defective	Locality URBAN				
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Headlight(s) Defective or Not On	Light Condition DAYLIGHT				
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Other Lights Defective	Weather Conditions CLEAR				
☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	Steering Failure	Surface Condition DRY				
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Window/Windshield Defective	Type of Median DRIVABLE				
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Oversize/Overweight Load	Type of Roadway Junction NO JUNCTION INVOLVED				
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Insecure/Leaky Load	Road Character STRAIGHT/HILLCREST				
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Tow Hitch Failure	Roadway Surface ASPHALT				
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Other	Construction NO If Yes, Construction Type				
☒	☒	☐	☐	Following Too Closely	☒	☒	☐	☐	None	Traffic Control Devices LANE CONTROL				
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐		Traffic Control Device Operational? NA				
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐		Was this crash the result of aggressive driving? NO				
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐						
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐						
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐						
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐						
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐						
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐						
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐						
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐						
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐						
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐						
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐						
☐	☐	☐	☐	Other	☐	☐	☐	☐						
☐	☐	☐	☐	None	☒	☒	☐	☐	None					
					Environment Contributing Circumstances									
					☐	☐	☐	☐	Glare					
					☐	☐	☐	☐	Roadway Surface					
					☐	☐	☐	☐	Holes/Ruts in Surface					
					☐	☐	☐	☐	Shoulder Defective					
					☐	☐	☐	☐	Road Under Construction					
					☐	☐	☐	☐	Severe Crosswinds					
					☐	☐	☐	☐	Obstruction Not Marked					
					☐	☐	☐	☐	Lane Marking Obscured					
					☐	☐	☐	☐	View Obstructed					
					☐	☐	☐	☐	Animal/Object in Roadway					
					☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure					
					☐	☐	☐	☐	Utility Work					
					☐	☐	☐	☐	Other					
					☐	☐	☐	☐	None					

Total Estimate of all damage in the Crash:

\$2501 to \$5000

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

Local ID

201318464

**Type of
Crash**

REAR END

Time Notified 7:48 AM	Time Arrived 7:49 AM	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 05/14/2013	
Investigating Officer SMITH, W		ID No. 3137	Agency FISHERS PD	Reviewing Officer	

Narrative

D#1 stated that while she was traveling westbound on East 116th street just at Klotz Farm road, traffic began to slow and then came to a stop. She stated that she attempted to apply her brakes but her foot slipped off the brake pedal. She stated that the front of her vehicle struck the rear of V#2 as it sat parked in the same lane of travel.

D#2 stated that after coming to a stop due to congested traffic in the westbound lane of East 116th street, V#1 collided with the rear of her vehicle.

UNIT INFORMATION

902019193

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Local ID
201318464

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED] NG				Safety Equipment Effective? YES	
FISHERS		IN 46040		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 08/31/1963		Age 49		Gender FEMALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SILVER		Vehicle Year 2006	
Make TOY		Model SEQ		Style 4D	
# Occupants 2		Lic Year 2014		License # 762DDO	
License State IN		# Axles 2		Speed Limit 40	
Insured By FARMERS		Phone Number 1111111111		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Vehicle Identification # [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS		IN 46040		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? To NO By		Due to Disabling Damage		Emergency Run? Fire? NO	
License#		Address (Street, City, State, Zip)		Vehicle Type PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
License#		Address (Street, City, State, Zip)		Direction of Travel WEST	
Veh Year		Make		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
Commercial Vehicle: Carrier's Name and Address				Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (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 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 #					

UNIT INFORMATION

902019193

Page 4 of 4

Local ID
201318464

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
1		Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 03/06/1973		Age 40		Gender FEMALE	
Driver's License # 0		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 2		Color BLACK		Vehicle Year 2012	
# Occupants 1		Lic Year 2014		License # 612GEX	
# Axles 2		Speed Limit 40		Insured By LIBERTY MUTUAL	
Vehicle Identification# 1		Registered Owner's Name (Last, First, MI) B		License State IN	
Address (Street, City, State, Zip) T		Phone Number 8005871481		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
FISHERS		IN 46037		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
License#		Address (Street, City, State, Zip)		Emergency Run? NO	
Veh Year		Make		Vehicle Type PASSENGER CAR/STATION WAGON	
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC	
Veh Year		Make		Direction of Travel WEST	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
US DOT#		ICC#		Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With 1. ANOTHER MOTOR VEHICLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
HAZMAT Class #		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902189455

Page 1 of 4

Local ID

20146185

Date of Crash 02/15/2014	Day of Week Sat	Actual Local Time 8:25 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information				
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4						
Driver Contributing Circumstances					Vehicle Contributing Circumstances									
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Engine Failure or Defective	Hit and Run NO				
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Accelerator Failure or Defective	School Zone NO				
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Brake Failure or Defective	Rumble Strips NO				
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Tire Failure or Defective	Locality URBAN				
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Headlight(s) Defective or Not On	Light Condition DAYLIGHT				
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Other Lights Defective	Weather Conditions CLEAR				
☒	☒	☐	☐	Failure to Yield	☐	☐	☐	☐	Steering Failure	Surface Condition SNOW/SLUSH				
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Window/Windshield Defective	Type of Median DRIVABLE				
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Oversize/Overweight Load	Type of Roadway Junction T-INTERSECTION				
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Insecure/Leaky Load	Road Character STRAIGHT/HILLCREST				
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Tow Hitch Failure	Roadway Surface CONCRETE				
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Other	Construction NO If Yes, Construction Type				
☐	☐	☐	☐	Following Too Closely	☒	☒	☐	☐	None	Traffic Control Devices LANE CONTROL				
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐		Traffic Control Device Operational? NA				
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐		Was this crash the result of aggressive driving? NO				
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐						
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐						
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐						
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐						
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐						
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐						
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐						
☐	☐	☐	☐	Other Telematics	☒	☐	☐	☐						
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐						
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐						
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐						
☐	☐	☐	☐	Other	☐	☐	☐	☐						
☐	☒	☐	☐	None	☐	☒	☐	☐						
					Environment Contributing Circumstances									
					☐	☐	☐	☐	Glare					
					☐	☐	☐	☐	Roadway Surface					
					☐	☐	☐	☐	Holes/Ruts in Surface					
					☐	☐	☐	☐	Shoulder Defective					
					☐	☐	☐	☐	Road Under Construction					
					☐	☐	☐	☐	Severe Crosswinds					
					☐	☐	☐	☐	Obstruction Not Marked					
					☐	☐	☐	☐	Lane Marking Obscured					
					☐	☐	☐	☐	View Obstructed					
					☐	☐	☐	☐	Animal/Object in Roadway					
					☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure					
					☐	☐	☐	☐	Utility Work					
					☐	☐	☐	☐	Other					
					☐	☐	☐	☐	None					

Total Estimate of all damage in the Crash:

\$5001 TO \$10,000

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

Local ID

20146185

**Type of
Crash**

RIGHT ANGLE

Time Notified 8:27 AM	Time Arrived 8:29 AM	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 02/15/2014	
Investigating Officer THOMPSON, R		ID No. 3069	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated he was attempting to turn left onto 116th Street from Klotz Farm Blvd. D1 stated that a vehicle was turning right onto Klotz Farm Blvd from east bound 116th Street in front of him. D1 stated he pulled forward and did not see V2 as it was traveling east on 116th Street.

V2 struck V1 in the intersection.

D2 was east bound on 116th Street. D2 stated that V1 pulled out in front of her as she approached Klotz Farm Blvd. D2 stated she attempted to stop but was unable to. V2 struck V1 in the intersection.

UNIT INFORMATION

902189455

Page 3 of 4

Local ID
20146185

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS									
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES									
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED									
Date of Birth 06/15/1975		Age 38		Gender MALE		EMS No. 3337		Inmed Attn NO		Driver Injury Status NON-INCAPACITATING			
Driver's License # [REDACTED]				Lic Type OP		CDL Class		Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN			
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury HEAD					
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony				IC Codes	
Alcohol Results PBT				Certified Test ☐ Pending				Drug Results					
Veh# 1		Color SILVER		Vehicle Year 2010		Make SUBARU		Model FORESTER		Style 4D			
# Occupants 1		Lic Year 2014		License # 249LMK		License State IN							
# Axles 2		Speed Limit 40		Insured By STATE FARM		Phone Number 8421962							
Vehicle Identification # [REDACTED]													
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver													
Address (Street, City, State, Zip) [REDACTED]													
FISHERS IN 46037													
Towed? To NO By				Due to Disabling Damage									
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver									
License #				Address (Street, City, State, Zip)									
Veh Year		Make											
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) ☐ Same as Driver									
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 ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown													
Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown													
Vehicle Use PERSONAL (FARM, COMPANY)													
Emergency Run?								Fire? NO					
Vehicle Type SPORT UTILITY VEHICLE													
Pre-Crash Vehicle Action TURNING LEFT													
Direction of Travel SOUTHWEST													
Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)													
Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)													
Event Collision With 1. ANOTHER MOTOR VEHICLE													

UNIT INFORMATION

902189455

Page 4 of 4

Local ID
20146185

2		Driver's Name (Last, First, MI)		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
7		Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
INDIANAPOLIS		IN 46217		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 11/09/1987		Age 26		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☐ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☒ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color BROWN		Vehicle Year 2013	
# Occupants 1		Lic Year 2014		License # 9729A	
# Axles 2		Speed Limit 40		Insured By NATION WIDE	
Vehicle Identification #		Model CC SPORT		Style 2D	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 8002821446		☐ Undercarriage	
INDIANAPOLIS				☐ Trailer	
Towed? To YES By MILLERS TOWING		Due to Disabling Damage YES		☐ None	
Lic State IN		Registered Owner's Name (Last, First, MI)		☐ Unknown	
License#		Address (Street, City, State, Zip)		Areas Damaged (Multiples)	
Veh Year 2013		Make Volkswagen		☐ Undercarriage	
Lic State IN		Lic Year 2014		☐ Trailer	
Registered Owner's Name (Last, First, MI)		License # 9729A		☐ None	
License#		Address (Street, City, State, Zip)		☐ Unknown	
Veh Year 2013		Make Volkswagen		Vehicle Use	
Lic State IN		Lic Year 2014		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		License # 9729A		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire? NO	
Veh Year 2013		Make Volkswagen		Vehicle Type	
Lic State IN		Lic Year 2014		PASSENGER CAR/STATION WAGON	
Registered Owner's Name (Last, First, MI)		License # 9729A		Pre-Crash Vehicle Action	
License#		Address (Street, City, State, Zip)		GOING STRAIGHT	
Veh Year 2013		Make Volkswagen		Direction of Travel	
Lic State IN		Lic Year 2014		EAST	
Registered Owner's Name (Last, First, MI)		License # 9729A		Type of Primary/Secondary Roadway	
License#		Address (Street, City, State, Zip)		One Way Traffic	
Veh Year 2013		Make Volkswagen		Two Way Traffic	
Lic State IN		Lic Year 2014		☐ One Lane	
Registered Owner's Name (Last, First, MI)		License # 9729A		☐ Two Lanes	
License#		Address (Street, City, State, Zip)		☐ Private Drive	
Veh Year 2013		Make Volkswagen		☒ Multi-Lane Divided (3 or more)	
Lic State IN		Lic Year 2014		☐ Multi-Lanes (3 or more)	
Registered Owner's Name (Last, First, MI)		License # 9729A		☐ Multi-Lane Undivided 2 way left turn	
License#		Address (Street, City, State, Zip)		☐ Multi-Lane Undivided (3 or more)	
Veh Year 2013		Make Volkswagen		Event Collision With	
Lic State IN		Lic Year 2014		1. ANOTHER MOTOR VEHICLE	
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
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Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
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Veh Year 2013		Make Volkswagen			
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License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
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Veh Year 2013		Make Volkswagen			
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Veh Year 2013		Make Volkswagen			
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Veh Year 2013		Make Volkswagen			
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Veh Year 2013		Make Volkswagen			
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Lic State IN		Lic Year 2014			
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Veh Year 2013		Make Volkswagen			
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Veh Year 2013		Make Volkswagen			
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Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
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Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#		Address (Street, City, State, Zip)			
Veh Year 2013		Make Volkswagen			
Lic State IN		Lic Year 2014			
Registered Owner's Name (Last, First, MI)		License # 9729A			
License#					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902231407

Page 1 of 4

Local ID

201418168

Date of Crash 05/12/2014	Day of Week Mon	Actual Local Time 7:14 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On KLOTZ FARM BLVD			Nearest/Intersecting Road/Mile Marker/Interchange 116TH 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 FISHERS			Property? OTHER	Crash Latitude 39 57.426		Crash Longitude -85 59.266	
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information				
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4						
Driver Contributing Circumstances					Vehicle Contributing Circumstances									
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Engine Failure or Defective					
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Accelerator Failure or Defective					
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Brake Failure or Defective					
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Tire Failure or Defective					
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Headlight(s) Defective or Not On					
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Other Lights Defective					
☒	☒	☐	☐	Failure to Yield	☐	☐	☐	☐	Steering Failure					
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Window/Windshield Defective					
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Oversize/Overweight Load					
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Insecure/Leaky Load					
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Tow Hitch Failure					
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Other					
☐	☐	☐	☐	Following Too Closely	☒	☒	☐	☐	None					
☐	☐	☐	☐	Unsafe Backing	Environment Contributing Circumstances									
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	Glare					
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	Roadway Surface					
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	Holes/Ruts in Surface					
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	Shoulder Defective					
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	Road Under Construction					
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	Severe Crosswinds					
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	Obstruction Not Marked					
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	Lane Marking Obscured					
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	View Obstructed					
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	Animal/Object in Roadway					
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure					
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	Utility Work					
☐	☐	☐	☐	Other	☐	☐	☐	☐	Other					
☐	☒	☐	☐	None	☒	☒	☐	☐	None					
Total Estimate of all damage in the Crash: \$5001 to \$10,000										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		
☒ Witness	#	Name	(Last Name, First Name, MI)		
☐ Other Participant	1	AMITAV R THAMBA			
Address etc. 9880 CASCADES CT FISHERS INDIANA			Non-Motorist Type	Non-Motorist Action	
Phone # 3174108808			Apparent Physical Condition		
☐ Witness	#	Name	Cited?	Direction	
☐ Other Participant					
Address etc.			Street/Highway		
Phone #			Location at Time of Crash		
			Traffic Control? If yes, was traffic control operational?		

Local ID
201418168

Type of Crash

RIGHT ANGLE

Time Notified 7:14 AM	Time Arrived 7:16 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer B DENNIS		ID No. 9334	Agency FISHERS PD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 05/12/2014	
Investigating Officer AHNERT, J		ID No. 3089	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated in summary that he was on Klotz Farm Blvd getting ready to turn west on 116th ST. He stated that he did not see v2 traveling e/b.

D2 stated in summary that she was traveling east on 116th ST approaching Klotz Farm Blvd when V1 pulled out in front of her. D2 had abrasions to her arms and complained of knee pain. She was not transported by medics on scene.

W1 stated in summary that he was behind V1 when he observed it "inching" out onto 116th ST. W1 stated V1 pulled out in front of V2.

End of narrative. J Ahnert 3089/NO VIDEO

UNIT INFORMATION

902231407

Page 3 of 4

Local ID
201418168

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 01/28/1958		Age 56		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class [REDACTED]	
Lic State IN				Nature of Most Severe Injury	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SILVER		Vehicle Year 2012	
Make Ford		Model FUSION		Style 4D	
# Occupants 1		Lic Year 2015		License # SVU753	
License State IN					
# Axles 2		Speed Limit 40		Insured By TRAVELERS	
Phone Number 8006372830					
Vehicle Identification # [REDACTED]				Initial Impact Area	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Address (Street, City, State, Zip) [REDACTED]				Front ☐ ☐ ☐ ☒ ☐ ☐ Rear	
FISHERS		IN 46037		Areas Damaged (Multiples)	
Towed? To YES FISHERS TOWING		Due to Disabling Damage YES		☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
By FISHERS TOWING		Registered Owner's Name (Last, First, MI) [REDACTED]		Front ☐ ☐ ☐ ☒ ☐ ☐ Rear	
Lic State [REDACTED]		Lic Year [REDACTED]		Vehicle Use	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		PERSONAL (FARM, COMPANY)	
Veh Year [REDACTED]		Make [REDACTED]		Emergency Run? [REDACTED]	
Lic State [REDACTED]		Lic Year [REDACTED]		Fire? NO	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Vehicle Type	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		PASSENGER CAR/STATION WAGON	
Veh Year [REDACTED]		Make [REDACTED]		Pre-Crash Vehicle Action	
Lic State [REDACTED]		Lic Year [REDACTED]		TURNING LEFT	
Registered Owner's Name (Last, First, MI) [REDACTED]		☐ Same as Driver		Direction of Travel	
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		NORTHWEST	
Veh Year [REDACTED]		Make [REDACTED]		Type of Primary/Secondary Roadway	
Commercial Vehicle: Carrier's Name and Address [REDACTED]				One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
HAZMAT Proper Shipping Name: [REDACTED]		State DOT# [REDACTED]		Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)	
US DOT# [REDACTED]		ICC# [REDACTED]		Event Collision With	
CMV Inspection [REDACTED]		If Yes [REDACTED]		1. ANOTHER MOTOR VEHICLE	
Gross Vehicle Weight Rating [REDACTED]		Cargo Body Type [REDACTED]			
HAZMAT Placard [REDACTED]		HAZMAT Release of Cargo [REDACTED]			
HAZMAT 4-Digit ID# [REDACTED]		Hazard Class # [REDACTED]			

UNIT INFORMATION

902231407

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Local ID
201418168

2		Driver's Name (Last, First, MI)		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46037		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/22/1965		Age 48		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☒ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☐ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color RED		Vehicle Year 2002	
# Occupants 1		Lic Year 2014		License # 310BEQ	
# Axles 2		Speed Limit 40		Insured By AAA	
Vehicle Identification #		Model HONDA		Style 4D	
Registered Owner's Name (Last, First, MI)		License State IN		Initial Impact Area	
Address (Street, City, State, Zip)		Phone Number 8002073618		☐ Undercarriage	
				☐ Trailer	
				☐ None	
				☐ Unknown	
				Front ☒ ☐ ☐ Rear	
				Areas Damaged (Multiples)	
				☐ Undercarriage	
				☐ Trailer	
				☐ None	
				☐ Unknown	
				Front ☒ ☐ ☐ Rear	
FISHERS		IN 46037		Vehicle Use	
Towed? To BOGGS TOWING		Due to Disabling Damage		PERSONAL (FARM, COMPANY)	
YES By BOGGS TOWING		YES		Emergency Run?	
Lic State		Registered Owner's Name (Last, First, MI)		Fire?	
		☐ Same as Driver		NO	
License#		Address (Street, City, State, Zip)		Vehicle Type	
				PASSENGER CAR/STATION WAGON	
Veh Year		Make		Pre-Crash Vehicle Action	
				GOING STRAIGHT	
Lic State		Registered Owner's Name (Last, First, MI)		Direction of Travel	
		☐ Same as Driver		EAST	
License#		Address (Street, City, State, Zip)		Type of Primary/Secondary Roadway	
				One Way Traffic	
Veh Year		Make		Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Private Drive	
				☒ Multi-Lane Divided (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#		1. ANOTHER MOTOR VEHICLE	
CMV Inspection		If Yes			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo			
HAZMAT 4-Digit ID#		Hazard Class #			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

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Local ID

201435998

Date of Crash 09/12/2014	Day of Week Fri	Actual Local Time 7:15 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On KLOTZ DR			Nearest/Intersecting Road/Mile Marker/Interchange 116 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 FISHERS			Property? OTHER	Crash Latitude		Crash Longitude		
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause					Primary Cause					Area Information				
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4						
Driver Contributing Circumstances					Vehicle Contributing Circumstances									
☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	Engine Failure or Defective	Hit and Run NO				
☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	Accelerator Failure or Defective	School Zone NO				
☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	Brake Failure or Defective	Rumble Strips NO				
☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	Tire Failure or Defective	Locality URBAN				
☐	☐	☐	☐	Driver Illness	☐	☐	☐	☐	Headlight(s) Defective or Not On	Light Condition DAYLIGHT				
☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	Other Lights Defective	Weather Conditions CLOUDY				
☒	☒	☐	☐	Failure to Yield	☐	☐	☐	☐	Steering Failure	Surface Condition DRY				
☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	Window/Windshield Defective	Type of Median NONE				
☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	Oversize/Overweight Load	Type of Roadway Junction T-INTERSECTION				
☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	Insecure/Leaky Load	Road Character STRAIGHT/HILLCREST				
☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	Tow Hitch Failure	Roadway Surface CONCRETE				
☐	☐	☐	☐	Improper Lane Usage	☐	☐	☐	☐	Other	Construction NO If Yes, Construction Type				
☐	☐	☐	☐	Following Too Closely	☒	☒	☐	☐	None	Traffic Control Devices LANE CONTROL				
☐	☐	☐	☐	Unsafe Backing	☐	☐	☐	☐		Traffic Control Device Operational? NA				
☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐		Was this crash the result of aggressive driving? NO				
☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐						
☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐						
☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐						
☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐						
☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐						
☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐						
☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐						
☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐						
☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐						
☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐						
☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐						
☐	☐	☐	☐	Other	☐	☐	☐	☐						
☐	☒	☐	☐	None	☒	☒	☐	☐	None					
					Environment Contributing Circumstances									
					☐	☐	☐	☐	Glare					
					☐	☐	☐	☐	Roadway Surface					
					☐	☐	☐	☐	Holes/Ruts in Surface					
					☐	☐	☐	☐	Shoulder Defective					
					☐	☐	☐	☐	Road Under Construction					
					☐	☐	☐	☐	Severe Crosswinds					
					☐	☐	☐	☐	Obstruction Not Marked					
					☐	☐	☐	☐	Lane Marking Obscured					
					☐	☐	☐	☐	View Obstructed					
					☐	☐	☐	☐	Animal/Object in Roadway					
					☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure					
					☐	☐	☐	☐	Utility Work					
					☐	☐	☐	☐	Other					
					☐	☒	☒	☐	None					

Total Estimate of all damage in the Crash:

\$5001 TO \$10000

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

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Local ID
201435998

**Type of
Crash**

RIGHT ANGLE

Time Notified 7:15 AM	Time Arrived 7:19 AM	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 09/12/2014	
Investigating Officer GAINES, R		ID No. 3067	Agency FISHERS PD	Reviewing Officer	

Narrative

Driver 1 stated he was turning left onto 116th street from Klotz Farm Blvd. Driver 1 stated he did not see vehicle 2, when he pulled out. This is when they collided.

Driver2 stated he was EB on 116th street, when Vehicle 2 pulled out and struck his vehicle.

UNIT INFORMATION

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Local ID
201435998

1		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
1		Address (Street, City, State, Zip)		Safety Equipment Effective? YES	
FISHERS		IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 10/15/1987		Age		Gender MALE	
Driver's License # 8		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☒ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color SIL		Vehicle Year 2001	
# Occupants 1		Lic Year 2015		License # 234FAB	
# Axles 2		Speed Limit 35		Insured By STATE FARM	
Vehicle Identification # S		Model SEQUOIA		Style 4W	
Registered Owner's Name (Last, First, MI) F		License State IN		Phone Number 3173560958	
Address (Street, City, State, Zip) 1		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		Front ☐ ☐ ☐ ☒ ☐ ☐ Rear	
FISHERS		IN 46038-1954		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Vehicle Use PERSONAL (FARM, COMPANY)	
License#		Address (Street, City, State, Zip)		Emergency Run? Fire? NO	
Veh Year		Make		Vehicle Type PASSENGER CAR/STATION WAGON	
Lic State		Lic Year		Pre-Crash Vehicle Action GOING STRAIGHT	
License#		Address (Street, City, State, Zip)		Direction of Travel NORTHWEST	
Veh Year		Make		Type of Primary/Secondary Roadway One Way Traffic ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)	
Commercial Vehicle: Carrier's Name and Address		Two Way Traffic ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more)		Private Drive ☐ 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 #	

UNIT INFORMATION

902300804

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Local ID
201435998

2 Driver's Name (Last, First, MI)				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip)				Safety Equipment Effective? YES			
PENDLETON IN 46064				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 04/17/1972		Age		Gender MALE		EMS No.	
Driver's License #		Lic Type OP		CDL Class		Lic State IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT				Drug Results			
Certified Test ☐ Pending							
Veh# 2		Color SILVER		Vehicle Year 2006		Make Cadillac	
# Occupants 2		Lic Year 2014		License # 705BHI		License State IN	
# Axles 2		Speed Limit 40		Insured By PROGRESSIVE		Phone Number 8002744499	
Vehicle Identification#				Initial Impact Area			
Registered Owner's Name (Last, First, MI)				☐ Same as Driver			
Address (Street, City, State, Zip)				Areas Damaged (Multiples)			
PENDLETON IN 46064				Vehicle Use			
Towed? To BOGGS TOWING YES By BOGGS TOWING				Due to Disabling Damage YES			
Lic State Lic Year Registered Owner's Name (Last, First, MI)				Emergency Run? Fire? NO			
License# Address (Street, City, State, Zip)				Vehicle Type			
Veh Year Make				PASSENGER CAR/STATION WAGON			
Lic State Lic Year Registered Owner's Name (Last, First, MI)				Pre-Crash Vehicle Action			
License# Address (Street, City, State, Zip)				GOING STRAIGHT			
Veh Year Make				Direction of Travel			
Commercial Vehicle: Carrier's Name and Address				EAST			
HAZMAT Proper Shipping Name: State DOT#				Type of Primary/Secondary Roadway			
US DOT# ICC# CMV Inspection If Yes				One Way Traffic Two Way Traffic			
Gross Vehicle Weight Rating Cargo Body Type				☐ One Lane ☐ Two Lanes ☐ Private Drive			
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class #				☐ 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)			
Event Collision With				1. ANOTHER MOTOR VEHICLE			



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902333483

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Local ID

201444809

Date of Crash 11/13/2014	Day of Week Thu	Actual Local Time 8:45 AM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																													
Road Crash Occurred On KLOTZ FARM BLVD			Nearest/Intersecting Road/Mile Marker/Interchange 116TH 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 FISHERS			Property? OTHER	Crash Latitude		Crash Longitude																																																																																																																																																																																																																																																																																																														
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<table border="1"><thead><tr><th>Primary Cause</th><th>Vehicle 1</th><th>Vehicle 2</th><th>Vehicle 3</th><th>Vehicle 4</th></tr></thead><tbody><tr><td>Driver Contributing Circumstances</td><td></td><td></td><td></td><td></td></tr><tr><td>Alcoholic Beverages</td><td></td><td></td><td></td><td></td></tr><tr><td>Illegal Drugs</td><td></td><td></td><td></td><td></td></tr><tr><td>Prescription Drugs</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Asleep or Fatigued</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Illness</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Speed</td><td></td><td></td><td></td><td></td></tr><tr><td>Failure to Yield</td><td></td><td></td><td></td><td></td></tr><tr><td>Disregard Signal</td><td></td><td></td><td></td><td></td></tr><tr><td>Left of Center</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Passing</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Turning</td><td></td><td></td><td></td><td></td></tr><tr><td>Improper Lane Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Following Too Closely</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Backing</td><td></td><td></td><td></td><td></td></tr><tr><td>Overcorrecting</td><td></td><td></td><td></td><td></td></tr><tr><td>Ran off Road</td><td></td><td></td><td></td><td></td></tr><tr><td>Wrong Way on One Way</td><td></td><td></td><td></td><td></td></tr><tr><td>Pedestrian's Action</td><td></td><td></td><td></td><td></td></tr><tr><td>Passenger Distraction</td><td></td><td></td><td></td><td></td></tr><tr><td>Restriction Violation</td><td></td><td></td><td></td><td></td></tr><tr><td>Jackknifing</td><td></td><td></td><td></td><td></td></tr><tr><td>Cell Phone Usage</td><td></td><td></td><td></td><td></td></tr><tr><td>Other Telematics</td><td></td><td></td><td></td><td></td></tr><tr><td>Driver Distracted</td><td></td><td></td><td></td><td></td></tr><tr><td>Speed/Weather Conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>Unsafe Lane Movement</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances					Alcoholic Beverages					Illegal Drugs					Prescription Drugs					Driver Asleep or Fatigued					Driver Illness					Unsafe Speed					Failure to Yield					Disregard Signal					Left of Center					Improper Passing					Improper Turning					Improper Lane Usage					Following Too Closely					Unsafe Backing					Overcorrecting					Ran off Road					Wrong Way on One Way					Pedestrian's Action					Passenger Distraction					Restriction Violation					Jackknifing					Cell Phone Usage					Other Telematics					Driver Distracted					Speed/Weather Conditions					Unsafe Lane Movement					Other					None					<table border="1"><thead><tr><th>Primary 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Failure</td><td></td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td><td></td></tr><tr><td>None</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing Circumstances					Engine Failure or Defective					Accelerator Failure or Defective					Brake Failure or Defective					Tire Failure or Defective					Headlight(s) Defective or Not On					Other Lights Defective					Steering Failure					Window/Windshield Defective					Oversize/Overweight Load					Insecure/Leaky Load					Tow Hitch Failure					Other					None					<table border="1"><thead><tr><th colspan="2">Environment Contributing Circumstances</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td>Glare</td><td></td></tr><tr><td>Roadway Surface</td><td></td></tr><tr><td>Holes/Ruts in Surface</td><td></td></tr><tr><td>Shoulder Defective</td><td></td></tr><tr><td>Road Under Construction</td><td></td></tr><tr><td>Severe Crosswinds</td><td></td></tr><tr><td>Obstruction Not Marked</td><td></td></tr><tr><td>Lane Marking Obscured</td><td></td></tr><tr><td>View Obstructed</td><td></td></tr><tr><td>Animal/Object in Roadway</td><td></td></tr><tr><td>Traffic Ctl Inop/Missing/Obscure</td><td></td></tr><tr><td>Utility Work</td><td></td></tr><tr><td>Other</td><td></td></tr><tr><td>None</td><td></td></tr></tbody></table>					Environment Contributing Circumstances				Glare		Roadway Surface		Holes/Ruts in Surface		Shoulder Defective		Road Under Construction		Severe Crosswinds		Obstruction Not Marked		Lane Marking Obscured		View Obstructed		Animal/Object in Roadway		Traffic Ctl Inop/Missing/Obscure		Utility Work		Other		None		<table border="1"><thead><tr><th colspan="2">Area Information</th></tr></thead><tbody><tr><td>Hit and Run</td><td>NO</td></tr><tr><td>School Zone</td><td>NO</td></tr><tr><td>Rumble Strips</td><td>NO</td></tr><tr><td>Locality</td><td>URBAN</td></tr><tr><td>Light Condition</td><td>DAYLIGHT</td></tr><tr><td>Weather Conditions</td><td>CLOUDY</td></tr><tr><td>Surface Condition</td><td>DRY</td></tr><tr><td>Type of Median</td><td>CURBED</td></tr><tr><td>Type of Roadway Junction</td><td>T-INTERSECTION</td></tr><tr><td>Road Character</td><td>STRAIGHT/HILLCREST</td></tr><tr><td>Roadway Surface</td><td>ASPHALT</td></tr><tr><td>Construction</td><td>If Yes, Construction Type</td></tr><tr><td>NO</td><td></td></tr><tr><td>Traffic Control Devices</td><td>STOP SIGN</td></tr><tr><td>Traffic Control Device Operational?</td><td>NA</td></tr><tr><td>Was this crash the result of aggressive driving?</td><td>NO</td></tr></tbody></table>					Area Information		Hit and Run	NO	School Zone	NO	Rumble Strips	NO	Locality	URBAN	Light Condition	DAYLIGHT	Weather Conditions	CLOUDY	Surface Condition	DRY	Type of Median	CURBED	Type of Roadway Junction	T-INTERSECTION	Road Character	STRAIGHT/HILLCREST	Roadway Surface	ASPHALT	Construction	If Yes, Construction Type	NO		Traffic Control 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902333483

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Local ID

201444809

**Type of
Crash**

REAR END

Time Notified 8:50 AM	Time Arrived 8:55 AM	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 11/13/2014	
Investigating Officer KEHL, S		ID No. 3015	Agency FISHERS PD	Reviewing Officer SCOTT KEHL	

Narrative

D1 advised he was stopped behind V2 on Klotz Farm Blvd waiting to turn west onto 116th St. He advised V2 started forward. He advised he started forward and at that time V2 stopped. He advised he attempted to stop but still collided into the rear of V2

D2 advised she was stopped waiting to turn west onto 116th St. When V1 collided into the rear of her vehicle.

UNIT INFORMATION

902333483

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Local ID
201444809

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 08/09/1972		Age 42		Gender MALE		EMS No.	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT				Drug Results			
Certified Test ☐ Pending				Nature of Most Severe Injury			
Veh# 1 Color GRY Vehicle Year 2011 Make TOYOTA Model SIENNA Style SV				Location of Most Severe Injury			
# Occupants 1 Lic Year 2015 License # 577LLX License State IN				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
# Axles 2 Speed Limit 30 Insured By AAA Phone Number 8002073618				IC Codes			
Vehicle Identification # [REDACTED]				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Front ☐ ☐ ☒ ☐ Rear			
Address (Street, City, State, Zip) [REDACTED]				Front ☐ ☐ ☒ ☐ Rear			
FISHERS IN 46037				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Towed? To NO By Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)			
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Emergency Run? Fire? NO			
License# Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year Make				Pre-Crash Vehicle Action STARTING IN TRAFFIC			
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Direction of Travel NORTH			
License# Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway One Way Traffic: ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more) Two Way Traffic: ☐ Two Lanes ☒ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more) ☐ Private Drive ☐ Alley			
Commercial Vehicle: Carrier's Name and Address				Event Collision With 1. ANOTHER MOTOR VEHICLE			
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 #	

UNIT INFORMATION

902333483

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Local ID
201444809

2		Driver's Name (Last, First, MI)		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
FISHERS		IN 46038		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 06/06/1954		Age 60		Gender FEMALE	
Driver's License #		Lic Type OP		CDL Class IN	
Apparent Physical Status		Restrictions		Nature of Most Severe Injury	
☒ Normal		☒ Glasses/Contact Lenses		☐ Employer's Vehicle Only	
☐ Had Been Drinking		☐ Outside Rearview Mirror		☐ State-Owned Vehicles	
☐ Handicapped		☐ Daylight Driving		☐ PP Chauffeurs Taxi Only	
☐ Ill		☐ Automatic Transmission		☐ Power Steering	
☐ Asleep/Fatigued		☐ Special Controls		☐ Special Restrictions	
☐ Drugs/Medication		☐ Employment Only		☐ Probation DWI	
☐ Unknown		☐ Motorcycle Only		☐ Probation HTO	
☐ To/From Employment		☐ None			
Test Given NONE		Type Given		Location of Most Severe Injury	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT					
Alcohol Results		Certified Test		Drug Results	
PBT		☐ Pending			
Veh# 2		Color SILVER		Vehicle Year 2006	
Make Mercedes Benz		Model E500		Style 4D	
# Occupants 1		Lic Year 2015		License # 934ARI	
License State IN					
# Axles 2		Speed Limit 30		Insured By AAA	
Phone Number 8002073618					
Vehicle Make/Model		Registered Owner's Name (Last, First, MI)		☐ Same as Driver	
Address (Street, City, State, Zip)					
FISHERS		IN 46038			
Towed? To NO By		Due to Disabling Damage		Vehicle Use	
Lic State IN		Lic Year 2015		PERSONAL (FARM, COMPANY)	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?	
License#		Address (Street, City, State, Zip)		Fire? NO	
Veh Year 2006		Make Mercedes Benz		Vehicle Type	
Lic State IN		Lic Year 2015		PASSENGER CAR/STATION WAGON	
Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Pre-Crash Vehicle Action	
License#		Address (Street, City, State, Zip)		SLOWING OR STOPPED IN TRAFFIC	
Veh Year 2006		Make Mercedes Benz		Direction of Travel	
Lic State IN		Lic Year 2015		NORTH	
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway	
				One Way Traffic	
				Two Way Traffic	
				☐ One Lane	
				☐ Two Lanes	
				☐ Multi-Lanes (3 or more)	
				☐ Private Drive	
				☒ Multi-Lane Divided (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#		1. ANOTHER MOTOR VEHICLE	
CMV Inspection		If Yes			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
Hazard Class #					



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902360511

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Local ID

201450488

Date of Crash 12/26/2014	Day of Week Fri	Actual Local Time 1:55 AM	County HAMILTON	Township DELAWARE	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 1
Road Crash Occurred On 116TH ST			Nearest/Intersecting Road/Mile Marker/Interchange KLOTZ FARM 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?	Crash Latitude		Crash Longitude	
Driver #1 [REDACTED]		Driver #2		Driver #3		Driver #4			
Driver Contributing Circumstances					Vehicle Contributing Circumstances				
Primary Cause					Primary Cause				
Vehicle 1					Vehicle 1				
Vehicle 2					Vehicle 2				
Vehicle 3					Vehicle 3				
Vehicle 4					Vehicle 4				
☐ Alcoholic Beverages					☐ Engine Failure or Defective				
☐ Illegal Drugs					☐ Accelerator Failure or Defective				
☐ Prescription Drugs					☐ Brake Failure or Defective				
☐ Driver Asleep or Fatigued					☐ Tire Failure or Defective				
☐ Driver Illness					☐ Headlight(s) Defective or Not On				
☐ Unsafe Speed					☐ Other Lights Defective				
☐ Failure to Yield					☐ Steering Failure				
☐ Disregard Signal					☐ Window/Windshield Defective				
☐ Left of Center					☐ Oversize/Overweight Load				
☐ Improper Passing					☐ Insecure/Leaky Load				
☐ Improper Turning					☐ Tow Hitch Failure				
☐ Improper Lane Usage					☐ Other				
☐ Following Too Closely					☒ None				
☐ Unsafe Backing					Environment Contributing Circumstances				
☐ Overcorrecting					☐ Glare				
☐ Ran off Road					☐ Roadway Surface				
☐ Wrong Way on One Way					☐ Holes/Ruts in Surface				
☐ Pedestrian's Action					☐ Shoulder Defective				
☐ Passenger Distraction					☐ Road Under Construction				
☐ Restriction Violation					☐ Severe Crosswinds				
☐ Jackknifing					☐ Obstruction Not Marked				
☐ Cell Phone Usage					☐ Lane Marking Obscured				
☐ Other Telematics					☐ View Obstructed				
☐ Driver Distracted					☒ Animal/Object in Roadway				
☐ Speed/Weather Conditions					☐ Traffic Ctl Inop/Missing/Obscure				
☐ Unsafe Lane Movement					☐ Utility Work				
☐ Other					☐ Other				
☒ None					☐ None				
Total Estimate of all damage in the Crash: \$1001 to \$2500					Area Information				
					Hit and Run NO				
					School Zone NO				
					Rumble Strips NO				
					Locality URBAN				
					Light Condition DARK (NOT LIGHTED)				
					Weather Conditions CLEAR				
					Surface Condition DRY				
					Type of Median				
					Type of Roadway Junction FOUR-WAY INTERSECTION				
					Road Character STRAIGHT/HILLCREST				
					Roadway Surface ASPHALT				
					Construction NO If Yes, Construction Type				
					Traffic Control Devices NONE				
					Traffic Control Device Operational? NA				
					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				
☐ Witness # Name					(Last Name, First Name, MI)				
☐ Other Participant									
Address etc.					Non-Motorist Type		Non-Motorist Action		
Phone # Location at Time of Crash					Apparent Physical Condition				
☐ Witness # Name					Cited?		Direction		
☐ Other Participant									
Address etc.					Street/Highway				
Phone # Location at Time of Crash					Traffic Control?		If yes, was traffic control operational?		

Local ID
201450488

**Type of
Crash**

Time Notified 1:58 AM	Time Arrived 2:15 AM	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 12/26/2014	
Investigating Officer BROCKMAN, A		ID No. 3145	Agency FISHERS PD	Reviewing Officer	

Narrative

Case Number: 2014-50488

On December 26, 2014 at approximately 1:58 AM I, Officer Adam Brockamn was dispatched to the Gas station at the insertion of 116th Street and Cumberland road to investigate a car versus a deer accident. Upon my arrival I met with Samuel McIahlan (D1) who stated that he was driving west bound on 116th Street when I deer ran in front of his car causing it to collide with the front bumper of his vehicle.

I provided D1 with the Fishers Police Accident information form.

End of Narrative/ Adam Brockman 3145

UNIT INFORMATION

902360511

Page 3 of 3

Local ID
201450488

1		Driver's Name (Last, First, MI) [REDACTED]		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) [REDACTED]				Safety Equipment Effective? YES	
LEBANON		IN 46052		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 09/15/1961		Age		Gender MALE	
Driver's License # [REDACTED]		Lic Type OP		CDL Class IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown		Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☒ None		Nature of Most Severe Injury	
Test Given NONE		Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test ☐ Pending		Drug Results	
Veh# 1		Color WHI		Vehicle Year 2015	
# Occupants 2		Lic Year 2015		License # WMV327	
# Axles 2		Speed Limit 40		Insured By SAFECO	
Vehicle Identification # [REDACTED]		Model ODYSSEY		Style VN	
Registered Owner's Name (Last, First, MI) [REDACTED]		License State IN		Phone Number 3178617524	
LEBANON		IN 46052-8142		Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
Towed? To NO By		Due to Disabling Damage		Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	
License#		Address (Street, City, State, Zip)		Vehicle Use PERSONAL (FARM, COMPANY)	
Veh Year		Make		Emergency Run? NO	
Lic State		Lic Year		Fire?	
Registered Owner's Name (Last, First, MI) [REDACTED]		Same as Driver		Vehicle Type VAN	
License#		Address (Street, City, State, Zip)		Pre-Crash Vehicle Action GOING STRAIGHT	
Veh Year		Make		Direction of Travel WEST	
Lic State		Lic Year		Type of Primary/Secondary Roadway ☐ One Way Road ☒ Two Lanes - Two Way ☐ One Lane - One Way ☐ Two Lanes - One Way ☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Curb Raised Median ☐ Multi-Lane w/ Cable Barrier	
Commercial Vehicle: Carrier's Name and Address				☒ Multi-Lane Divided (3 or more) - Two Way ☐ Multi-Lane Undivided Two Way Left Turn ☐ Multi-Lane Undivided (3 or more) - Two Way ☐ Multi-Lane w/ Concrete Barrier ☐ Multi-Lane w/ Metal Guardrail Median ☐ Private Drive ☐ Alley ☐ Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. DEER	
US DOT#		ICC#			
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
				Hazard Class #	



Appendix B – Crash Reports Knightsbridge Lane



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901460992

Page 1 of 3

Local ID

201021079

Date of Crash 06/28/2010	Day of Week Mon	Actual Local Time 11:50 PM	County HAMILTON	Township FALL CREEK	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On KNIGHTSBRIDGE LN			Nearest/Intersecting Road/Mile Marker/Interchange SPYGLASS RIDGE DR		If not an intersection, number of feet from 65	Direction W	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES		City/Town or Nearest City/Town FISHERS			Property? PRIVATE		Crash Latitude		Crash Longitude
Driver #1		Driver #2		Driver #3		Driver #4			

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4					Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4					Area Information				
Driver Contributing Circumstances					Vehicle Contributing Circumstances					Hit and Run NO				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	School Zone NO				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Rumble Strips NO				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Locality URBAN				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Light Condition DARK (NOT LIGHTED)				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Weather Conditions CLEAR				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Surface Condition DRY				
☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	Type of Median NONE				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Type of Roadway Junction NO JUNCTION INVOLVED				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Road Character STRAIGHT/GRADE				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Roadway Surface CONCRETE				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Construction NO If Yes, Construction Type				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Devices NONE				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Traffic Control Device Operational? NA				
Total Estimate of all damage in the Crash: \$5001 to \$10,000										Was this crash the result of aggressive driving? NO				

Other Property Damage (1) MAILBOX	State Property NO	Owner's Name and Address GLENN POTTS 11498 KNIGHTSBRIDGE LANE FISHERS IN 46037
Other Property Damage (2)	State Property	Owner's Name and Address

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

Local ID
201021079

**Type of
Crash**

BACKING CRASH

Time Notified 11:56 PM	Time Arrived 11:59 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 06/28/2010	
Investigating Officer RALPH, S		ID No. 3059	Agency FISHERS PD	Reviewing Officer	

Narrative

D1 stated that he pulled into the driveway at 11498 Knightsbridge Lane to turn around. D1 stated he pulled in the driveway then started to backup when he hit the mailbox belonging to the residence.

UNIT INFORMATION

901460992

Page 3 of 3

Local ID
201021079

1 Driver's Name (Last, First, MI) [REDACTED]				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) [REDACTED] CLE				Safety Equipment Effective? YES			
FISHERS IN 46037				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 07/15/1991		Age 18		Gender MALE		EMS No.	
Driver's License # [REDACTED]		Lic Type OP		CDL Class		Lic State IN	
Apparent Physical Status ☒ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☒ None			
Test Given NONE				Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT			
Alcohol Results PBT				Drug Results			
Certified Test ☐ Pending				Nature of Most Severe Injury			
Veh# 1 Color GOLD Vehicle Year 2005 Make TOYOTA Model SIENA Style VN				Location of Most Severe Injury			
# Occupants 1 Lic Year 2011 License # 385AKQ License State IN				If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony			
# Axles 2 Speed Limit 25 Insured By AMICA INSURANCE Phone Number 877-6026422				IC Codes			
Vehicle Identification # [REDACTED]				Initial Impact Area ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
Registered Owner's Name (Last, First, MI) [REDACTED] ☐ Same as Driver				Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear			
Address (Street, City, State, Zip) [REDACTED] CLE				Areas Damaged (Multiples) ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown			
FISHERS IN 46037				Front ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rear			
Towed? NO To By Due to Disabling Damage				Vehicle Use PERSONAL (FARM, COMPANY)			
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Emergency Run? Fire? NO			
License# Address (Street, City, State, Zip)				Vehicle Type VAN			
Veh Year Make				Pre-Crash Vehicle Action BACKING			
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver				Direction of Travel SOUTHWEST			
License# Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway One Way Traffic: ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more) Two Way Traffic: ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Multi-Lane Undivided (3 or more) ☒ Private Drive ☐ Alley			
Commercial Vehicle: Carrier's Name and Address				Event Collision With 1. MAILBOX			
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 #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902350930

Local ID

Page

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of

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201448201

Date of Crash 12/08/2014	Day of Week Mon	Actual Local Time 9:20 PM	County HAMILTON	Township DELAWARE	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On KNIGHTSBRIDGE LN			Nearest/Intersecting Road/Mile Marker/Interchange DEERING 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 FISHERS				Property? PRIVATE	Crash Latitude		Crash Longitude -	
Driver #1		Driver #2		Driver #3			Driver #4		

Driver Contributing Circumstances						Vehicle Contributing Circumstances						Area Information	
Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4			
☐	☐	☐	☐	☐	Alcoholic Beverages	☐	☐	☐	☐	☐	Engine Failure or Defective		
☐	☐	☐	☐	☐	Illegal Drugs	☐	☐	☐	☐	☐	Accelerator Failure or Defective		
☐	☐	☐	☐	☐	Prescription Drugs	☐	☐	☐	☐	☐	Brake Failure or Defective		
☐	☐	☐	☐	☐	Driver Asleep or Fatigued	☐	☐	☐	☐	☐	Tire Failure or Defective		
☒	☒	☐	☐	☐	Driver Illness	☐	☐	☐	☐	☐	Headlight(s) Defective or Not On		
☐	☐	☐	☐	☐	Unsafe Speed	☐	☐	☐	☐	☐	Other Lights Defective		
☐	☐	☐	☐	☐	Failure to Yield	☐	☐	☐	☐	☐	Steering Failure		
☐	☐	☐	☐	☐	Disregard Signal	☐	☐	☐	☐	☐	Window/Windshield Defective		
☐	☐	☐	☐	☐	Left of Center	☐	☐	☐	☐	☐	Oversize/Overweight Load		
☐	☐	☐	☐	☐	Improper Passing	☐	☐	☐	☐	☐	Insecure/Leaky Load		
☐	☐	☐	☐	☐	Improper Turning	☐	☐	☐	☐	☐	Tow Hitch Failure		
☐	☐	☐	☐	☐	Improper Lane Usage	☐	☒	☒	☐	☐	Other		
☐	☐	☐	☐	☐	Following Too Closely	☐	☒	☒	☐	☐	None		
☐	☐	☐	☐	☐	Unsafe Backing						Environment Contributing Circumstances		
☐	☐	☐	☐	☐	Overcorrecting	☐	☐	☐	☐	☐	Glare		
☐	☐	☐	☐	☐	Ran off Road	☐	☐	☐	☐	☐	Roadway Surface		
☐	☐	☐	☐	☐	Wrong Way on One Way	☐	☐	☐	☐	☐	Holes/Ruts in Surface		
☐	☐	☐	☐	☐	Pedestrian's Action	☐	☐	☐	☐	☐	Shoulder Defective		
☐	☐	☐	☐	☐	Passenger Distraction	☐	☐	☐	☐	☐	Road Under Construction		
☐	☐	☐	☐	☐	Restriction Violation	☐	☐	☐	☐	☐	Severe Crosswinds		
☐	☐	☐	☐	☐	Jackknifing	☐	☐	☐	☐	☐	Obstruction Not Marked		
☐	☐	☐	☐	☐	Cell Phone Usage	☐	☐	☐	☐	☐	Lane Marking Obscured		
☐	☐	☐	☐	☐	Other Telematics	☐	☐	☐	☐	☐	View Obstructed		
☐	☐	☐	☐	☐	Driver Distracted	☐	☐	☐	☐	☐	Animal/Object in Roadway		
☐	☐	☐	☐	☐	Speed/Weather Conditions	☐	☐	☐	☐	☐	Traffic Ctl Inop/Missing/Obscure		
☐	☐	☐	☐	☐	Unsafe Lane Movement	☐	☐	☐	☐	☐	Utility Work		
☐	☐	☐	☐	☐	Other	☐	☐	☐	☐	☐	Other		
☐	☐	☒	☐	☐	None	☒	☒	☐	☐	☐	None		
												Hit and Run YES	
												School Zone NO	
												Rumble Strips NO	
												Locality URBAN	
												Light Condition DARK (LIGHTED)	
												Weather Conditions RAIN	
												Surface Condition WET	
												Type of Median	
												Type of Roadway Junction T-INTERSECTION	
												Road Character STRAIGHT/LEVEL	
												Roadway Surface ASPHALT	

Total Estimate of all damage in the Crash:

\$2501 TO \$5000

Other Property Damage (1)	State Property	Owner's Name and Address
OTHER - SEE NARRATIVE	NO	LEROY CHRISTENSON 10955 KNIGHTSBRIDGE LANE FISHERS IN 46037
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant				Non-Motorist			
☒ Witness	#	Name		(Last Name, First Name, MI)			
☐ Other Participant	1	DAN CROWE					
Address etc. 10034 DEERING STREET FISHERS IN 46037				Non-Motorist Type		Non-Motorist Action	
Phone # 3177526967		Location at Time of Crash DRIVEWAY OF 11034 DEERING ST		Apparent Physical Condition			
☐ Witness	#	Name		Cited?	Direction		
☐ Other Participant							
Address etc.				Street/Highway			
Phone #		Location at Time of Crash		Traffic Control?		If yes, was traffic control operational?	

Local ID
201448201

Type of Crash

SAME DIRECTION SIDESWIPE

Time Notified 9:26 PM	Time Arrived 9:35 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 12/08/2014	
Investigating Officer GOLDSTEIN, S		ID No. 3142	Agency FISHERS PD	Reviewing Officer	

Narrative

On 12/8/14, at approximately 2125 hours, I (officer Goldstein) responded to a radio call of a hit/run traffic accident in the area of Deer Street/Knightsbridge LN. Case No. 2014-48201

Upon arrival, I observed a 2000 Oldsmobile Minivan (no Plates) and a mailbox at 10955 Knightsbridge Lane with was appeared to be fresh collision damage. The minivan had a broken driver's side mirror and driver's side headlight as well as quarter panel damage. The mailbox was completely up rooted and lying on the ground.

I made contact at this residence and met with Victim - LeRoy Christenson who owned the mailbox and his son's wife - Devan Christenson is the registered owner of the Minivan. No one in the Christenson residence heard the collisions outside.

I then contacted the witness - Dan Crowe who stated the following: Crowe was in his driveway (10034 Deering Street) when he observed a 1990s possible Jeep SUV (unknown color) speeding as it drove Eastbound on Deering Street. Crowe stated that the vehicle failed to stop at the stop sign at Knightsbridge as it turned North. Crowe stated that he heard the sound of squealing tires and then the sound of a collision. Crowe got into his vehicle and drove in the direction of the collision sound and he observed the damaged Minivan and mailbox.

I searched the neighborhood with other Officers in an attempt to locate the hit/run vehicle. These efforts were met with negative results.

End of narrative/No video available

Officer Goldstein, S. #3142
Fishers Police Department

UNIT INFORMATION

902350930

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Local ID
201448201

Driver's Name (Last, First, MI)				Safety Equipment Used									
Address (Street, City, State, Zip)				Safety Equipment Effective?									
				Ejection/Trapped									
Date of Birth		Age		Gender		EMS No.		Inmed Attn		Driver Injury Status			
Driver's License #				Lic Type		CDL Class		Lic State		Nature of Most Severe Injury			
Apparent Physical Status ☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				Restrictions ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☐ None				Location of Most Severe Injury					
Test Given				Type Given				If Cited?				IC Codes	
☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT								☐ Infraction ☐ Misdemeanor ☐ Felony					
Alcohol Results				Certified Test				Drug Results					
PBT				☐ Pending									
Veh#		Color		Vehicle Year		Make		Model		Style			
1													
# Occupants		Lic Year		License #		License State							
# Axles		Speed Limit		Insured By		Phone Number							
Vehicle Identification#													
Registered Owner's Name (Last, First, MI) ☐ Same as Driver													
Address (Street, City, State, Zip)													
Towed? To By Due to Disabling Damage													
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver													
License# Address (Street, City, State, Zip)													
Veh Year Make													
Lic State Lic Year Registered Owner's Name (Last, First, MI) ☐ Same as Driver													
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													
☐ Undercarriage ☒ Front ☐ Rear													
☐ Trailer ☐ None ☐ Unknown													
Areas Damaged (Multiples)													
☐ Undercarriage ☐ Front ☐ Rear													
☐ Trailer ☐ None ☒ Unknown													
Vehicle Use													
Emergency Run? Fire?													
NO													
Vehicle Type													
UNKNOWN TYPE													
Pre-Crash Vehicle Action													
TURNING LEFT													
Direction of Travel													
NORTH													
Type of Primary/Secondary Roadway													
☐ One Way Road ☒ Two Lanes - Two Way													
☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way													
☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn													
☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way													
☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier													
☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median													
☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley													
☐ Multi-Lane w/ Cable Barrier ☐ Ramp													
Event Collision With													
1. PARKED MOTOR VEHICLE 2. MAILBOX													

UNIT INFORMATION

902350930

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Local ID
201448201

Driver's Name (Last, First, MI)				Safety Equipment Used							
Address (Street, City, State, Zip)				Safety Equipment Effective?							
Ejection/Trapped											
Date of Birth		Age		Gender		EMS No.		Inmed Attn		Driver Injury Status	
Driver's License #				Lic Type		CDL Class		Lic State		Nature of Most Severe Injury	
Apparent Physical Status				Restrictions				Location of Most Severe Injury			
☐ Normal				☐ Glasses/Contact Lenses				☐ Employer's Vehicle Only			
☐ Had Been Drinking				☐ Outside Rearview Mirror				☐ State-Owned Vehicles			
☐ Handicapped				☐ Daylight Driving				☐ PP Chauffeurs Taxi Only			
☐ Ill				☐ Automatic Transmission				☐ Power Steering			
☐ Asleep/Fatigued				☐ Special Controls				☐ Special Restrictions			
☐ Drugs/Medication				☐ Employment Only				☐ Probation DWI			
☐ Unknown				☐ Motorcycle Only				☐ Probation HTO			
☐ To/From Employment				☐ None							
Test Given		Type Given									
☐ Blood		☐ Urine		☐ Breath		☐ SFST		☐ PBT			
Alcohol Results				Drug Results							
PBT				Certified Test				☐ Pending			
Veh#		Color		Vehicle Year		Make		Model		Style	
2		GRAY		2000		OLDSMOBILE		SILHOUETTE		VN	
# Occupants		Lic Year		License #		License State					
0		00		NONE							
# Axles		Speed Limit		Insured By		Phone Number					
2		35		PROGRESSIVE		8002744499					
Vehicle Identification #											
Registered Owner's Name (Last, First, MI)				☐ Same as Driver							
Address (Street, City, State, Zip)											
KEMPTON				IN				46049			
Towed?		To		Due to Disabling Damage		Vehicle Use					
NO		By				PERSONAL (FARM, COMPANY)					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Emergency Run?		Fire?	
										NO	
License#		Address (Street, City, State, Zip)		Vehicle Type							
				VAN							
Veh Year		Make		Pre-Crash Vehicle Action							
				PARKED							
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver		Direction of Travel			
License#		Address (Street, City, State, Zip)		Type of Primary/Secondary Roadway							
				☐ One Way Road ☒ Two Lanes - Two Way							
Veh Year		Make		☐ One Lane - One Way ☐ Multi-Lane Divided (3 or more) - Two Way							
				☐ Two Lanes - One Way ☐ Multi-Lane Undivided Two Way Left Turn							
				☐ Multi-Lanes (3 or more) - One Way ☐ Multi-Lane Undivided (3 or more) - Two Way							
				☐ Multi-Lane w/ Grass Median Only ☐ Multi-Lane w/ Concrete Barrier							
				☐ Multi-Lane w/ Center Turn Lane ☐ Multi-Lane w/ Metal Guardrail Median							
				☐ Multi-Lane w/ Curb Raised Median ☐ Private Drive ☐ Alley							
				☐ Multi-Lane w/ Cable Barrier ☐ 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		Cargo Body Type									
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #					



Appendix C – Traffic Count Data Klotz Farm Boulevard

Weekly 24 Hour Volume Report: KLOTZFARM 1

Info Line 1 : ON KLOTZ FARM BLVD BT 116TH
 Info Line 2 : & NIAGARA DR
 GPS Lat/Lon :

Last Connected Device Type : Apollo
 Serial Number : UU30693
 # Lanes : 2

Lane #1 Weekly 24 Hour Volume Data 06/20/2016 to 06/26/2016

Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		6	6			6				6
1 - 2		0	6			3				3
2 - 3		0	3			2				2
3 - 4		2	2			2				2
4 - 5		1	2			2				2
5 - 6		2	1			2				2
6 - 7		6	4			5				5
7 - 8		15	9			12				12
8 - 9		28	32			30				30
9 - 10		26	27			27				27
10 - 11		25	41			33				33
11 - 12		47	44			46				46
- PM -										
12 - 1		51	56			54				54
1 - 2		41	50			46				46
2 - 3		34	41			38				38
3 - 4		59	69			64				64
4 - 5		96	84			90				90
5 - 6		130	89			110				110
6 - 7		85	90			88				88
7 - 8		61	62			62				62
8 - 9		65	62			64				64
9 - 10		54	48			51				51
10 - 11		29	27			28				28
11 - 12		2	8			5				5

TOTALS :	865	863	870	870
% Avg Day :	99%	99%	100%	

AM (12am-10am) Peak Volumes

15 Minute :	9	14	12	12
One Hour :	31	32	31	31
P.H.F. :	0.86	0.73	0.78	0.78
PH Begins :	8:15am	8:00am	8:00am	8:00am

Mid (10am-2pm) Peak Volumes

15 Minute :	20	18	18	18
One Hour :	61	62	62	62
P.H.F. :	0.80	0.86	0.86	0.86
PH Begins :	11:30am	12:15pm	12:15pm	12:15pm

PM (2pm-12am) Peak Volumes

15 Minute :	35	33	32	32
One Hour :	130	103	114	114
P.H.F. :	0.93	0.78	0.89	0.89
PH Begins :	5:00pm	5:30pm	5:15pm	5:15pm

Lane #2 Weekly 24 Hour Volume Data 06/20/2016 to 06/26/2016

Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		8	2			5				5
1 - 2		2	5			4				4
2 - 3		1	2			2				2
3 - 4		0	4			2				2
4 - 5		6	5			6				6
5 - 6		13	16			15				15
6 - 7		37	39			38				38
7 - 8		109	79			94				94
8 - 9		86	90			88				88
9 - 10		55	61			58				58
10 - 11		69	55			62				62
11 - 12		71	61			66				66
- PM -										
12 - 1		72	58			65				65
1 - 2		60	53			57				57
2 - 3		71	43			57				57
3 - 4		65	68			67				67
4 - 5		72	63			68				68
5 - 6		88	58			73				73
6 - 7		83	78			81				81
7 - 8		53	54			54				54
8 - 9		49	38			44				44
9 - 10		38	36			37				37
10 - 11		12	15			14				14
11 - 12		4	8			6				6

TOTALS :	1124	991	1063	1063
% Avg Day :	106%	93%	100%	

AM (12am-10am) Peak Volumes

15 Minute :	29	28	28	28
One Hour :	109	94	96	96
P.H.F. :	0.94	0.84	0.86	0.86
PH Begins :	7:00am	7:45am	7:45am	7:45am

Mid (10am-2pm) Peak Volumes

15 Minute :	26	20	21	21
One Hour :	76	71	74	74
P.H.F. :	0.76	0.89	0.88	0.88
PH Begins :	11:15am	11:15am	11:15am	11:15am

PM (2pm-12am) Peak Volumes

15 Minute :	27	23	22	22
One Hour :	93	78	82	82
P.H.F. :	0.86	0.85	0.93	0.93
PH Begins :	5:15pm	6:00pm	5:45pm	5:45pm

Weekday Average Summary (by Direction)

Time	1	2	1+2	TOTAL
- AM -				
12 - 1	6	5	11	11
1 - 2	3	4	7	7
2 - 3	2	2	4	4
3 - 4	2	2	4	4
4 - 5	2	6	8	8
5 - 6	2	15	17	17
6 - 7	5	38	43	43
7 - 8	12	94	106	106
8 - 9	30	88	118	118
9 - 10	27	58	85	85
10 - 11	33	62	95	95
11 - 12	46	66	112	112
- PM -				
12 - 1	54	65	119	119
1 - 2	46	57	103	103
2 - 3	38	57	95	95
3 - 4	64	67	131	131
4 - 5	90	68	158	158
5 - 6	110	73	183	183
6 - 7	88	81	169	169
7 - 8	62	54	116	116
8 - 9	64	44	108	108
9 - 10	51	37	88	88
10 - 11	28	14	42	42
11 - 12	5	6	11	11

TOTALS :	870	1063	1933	1933
% Total :	45.0%	55.0%	100.0%	

AM (12am-10am) Peak Volumes

15 Minute :	12	28	17	17
One Hour :	31	96	61	61
P.H.F. :	0.78	0.86	0.90	0.90
PH Begins :	8:00am	7:45am	7:45am	7:45am

Mid (10am-2pm) Peak Volumes

15 Minute :	18	21	18	18
One Hour :	62	74	65	65
P.H.F. :	0.86	0.88	0.90	0.90
PH Begins :	12:15pm	11:15am	11:30am	11:30am

PM (2pm-12am) Peak Volumes

15 Minute :	32	22	26	26
One Hour :	114	82	96	96
P.H.F. :	0.89	0.93	0.92	0.92
PH Begins :	5:15pm	5:45pm	5:15pm	5:15pm



Appendix D – Traffic Count Data Spyglass Ridge Drive

Weekly 24 Hour Volume Report: SPYGLASS 1

Info Line 1 : ON SPYGLASS RIDGE DR BT 116TH
 Info Line 2 : & STONEBRIDGE CT
 GPS Lat/Lon :

Last Connected Device Type : Apollo
 Serial Number : UU30686
 # Lanes : 2

Lane #1 Weekly 24 Hour Volume Data 06/20/2016 to 06/26/2016

Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		5	7			6				6
1 - 2		1	4			3				3
2 - 3		1	0			1				1
3 - 4		1	0			1				1
4 - 5		0	0			0				0
5 - 6		1	2			2				2
6 - 7		9	8			9				9
7 - 8		19	11			15				15
8 - 9		28	23			26				26
9 - 10		17	26			22				22
10 - 11		34	26			30				30
11 - 12		34	41			38				38
- PM -										
12 - 1		50	42			46				46
1 - 2		47	42			45				45
2 - 3		42	52			47				47
3 - 4		55	51			53				53
4 - 5		68	71			70				70
5 - 6		65	92			79				79
6 - 7		67	60			64				64
7 - 8		62	34			48				48
8 - 9		51	53			52				52
9 - 10		51	43			47				47
10 - 11		22	19			21				21
11 - 12		15	21			18				18

TOTALS :	745	728	743	743
% Avg Day :	100%	98%	100%	

AM (12am-10am) Peak Volumes

15 Minute :	8	9	8	8
One Hour :	28	26	26	26
P.H.F. :	0.88	0.72	0.81	0.81
PH Begins :	7:45am	9:00am	8:00am	8:00am

Mid (10am-2pm) Peak Volumes

15 Minute :	18	17	14	14
One Hour :	53	47	49	49
P.H.F. :	0.74	0.90	0.88	0.88
PH Begins :	12:30pm	12:15pm	12:15pm	12:15pm

PM (2pm-12am) Peak Volumes

15 Minute :	24	27	23	23
One Hour :	70	92	81	81
P.H.F. :	0.92	0.85	0.88	0.88
PH Begins :	4:45pm	5:00pm	4:45pm	4:45pm

Lane #2 Weekly 24 Hour Volume Data 06/20/2016 to 06/26/2016

Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		3	2			3				3
1 - 2		2	1			2				2
2 - 3		1	1			1				1
3 - 4		3	1			2				2
4 - 5		3	5			4				4
5 - 6		9	13			11				11
6 - 7		41	34			38				38
7 - 8		65	78			72				72
8 - 9		65	45			55				55
9 - 10		52	49			51				51
10 - 11		41	37			39				39
11 - 12		47	40			44				44
- PM -										
12 - 1		41	29			35				35
1 - 2		38	48			43				43
2 - 3		35	42			39				39
3 - 4		36	52			44				44
4 - 5		50	44			47				47
5 - 6		58	43			51				51
6 - 7		50	55			53				53
7 - 8		37	22			30				30
8 - 9		38	39			39				39
9 - 10		17	21			19				19
10 - 11		13	9			11				11
11 - 12		4	5			5				5

TOTALS :	749	715	738	738
% Avg Day :	101%	97%	100%	

AM (12am-10am) Peak Volumes

15 Minute :	24	24	24	24
One Hour :	68	78	72	72
P.H.F. :	0.85	0.81	0.75	0.75
PH Begins :	8:15am	7:00am	7:00am	7:00am

Mid (10am-2pm) Peak Volumes

15 Minute :	18	14	13	13
One Hour :	49	48	47	47
P.H.F. :	0.68	0.86	0.90	0.90
PH Begins :	10:30am	1:00pm	10:45am	10:45am

PM (2pm-12am) Peak Volumes

15 Minute :	27	17	19	19
One Hour :	63	60	55	55
P.H.F. :	0.58	0.94	0.72	0.72
PH Begins :	4:45pm	3:15pm	4:45pm	4:45pm

Weekday Average Summary (by Direction)

Time	1	2	1+2	TOTAL
- AM -				
12 - 1	6	3	9	9
1 - 2	3	2	5	5
2 - 3	1	1	2	2
3 - 4	1	2	3	3
4 - 5	0	4	4	4
5 - 6	2	11	13	13
6 - 7	9	38	47	47
7 - 8	15	72	87	87
8 - 9	26	55	81	81
9 - 10	22	51	73	73
10 - 11	30	39	69	69
11 - 12	38	44	82	82
- PM -				
12 - 1	46	35	81	81
1 - 2	45	43	88	88
2 - 3	47	39	86	86
3 - 4	53	44	97	97
4 - 5	70	47	117	117
5 - 6	79	51	130	130
6 - 7	64	53	117	117
7 - 8	48	30	78	78
8 - 9	52	39	91	91
9 - 10	47	19	66	66
10 - 11	21	11	32	32
11 - 12	18	5	23	23

TOTALS :	743	738	1481	1481
% Total :	50.2%	49.8%	100.0%	

AM (12am-10am) Peak Volumes

15 Minute :	8	24	13	13
One Hour :	26	72	45	45
P.H.F. :	0.81	0.75	0.87	0.87
PH Begins :	8:00am	7:00am	7:00am	7:00am

Mid (10am-2pm) Peak Volumes

15 Minute :	14	13	13	13
One Hour :	49	47	46	46
P.H.F. :	0.88	0.90	0.96	0.96
PH Begins :	12:15pm	10:45am	1:00pm	1:00pm

PM (2pm-12am) Peak Volumes

15 Minute :	23	19	19	19
One Hour :	81	55	70	70
P.H.F. :	0.88	0.72	0.92	0.92
PH Begins :	4:45pm	4:45pm	4:45pm	4:45pm



Appendix E – Traffic Count Data Deering Street

Weekly 24 Hour Volume Report: DEERING 1

Info Line 1 : ON DEERING BT CUMBERLAND RD
 Info Line 2 : & KNIGHTSBRIGE LN
 GPS Lat/Lon :

Last Connected Device Type : Apollo
 Serial Number : UU30684
 # Lanes : 2

Lane #1 Weekly 24 Hour Volume Data 06/20/2016 to 06/26/2016

Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		2	6			4				4
1 - 2		0	1			1				1
2 - 3		2	3			3				3
3 - 4		0	2			1				1
4 - 5		1	0			1				1
5 - 6		0	0			0				0
6 - 7		4	2			3				3
7 - 8		9	10			10				10
8 - 9		11	18			15				15
9 - 10		24	20			22				22
10 - 11		25	26			26				26
11 - 12		21	19			20				20
- PM -										
12 - 1		31	37			34				34
1 - 2		30	33			32				32
2 - 3		35	35			35				35
3 - 4		39	44			42				42
4 - 5		41	60			51				51
5 - 6		112	75			94				94
6 - 7		71	77			74				74
7 - 8		41	43			42				42
8 - 9		52	45			49				49
9 - 10		31	34			33				33
10 - 11		17	22			20				20
11 - 12		8	9			9				9

TOTALS :	607	621	621	621
% Avg Day :	98%	100%	100%	

AM (12am-10am) Peak Volumes

15 Minute :	10	9	10	10
One Hour :	24	23	25	25
P.H.F. :	0.60	0.64	0.63	0.63
PH Begins :	8:45am	8:15am	8:45am	8:45am

Mid (10am-2pm) Peak Volumes

15 Minute :	14	15	12	12
One Hour :	35	37	35	35
P.H.F. :	0.63	0.62	0.73	0.73
PH Begins :	12:45pm	12:00pm	12:00pm	12:00pm

PM (2pm-12am) Peak Volumes

15 Minute :	39	27	28	28
One Hour :	112	82	98	98
P.H.F. :	0.72	0.76	0.88	0.88
PH Begins :	5:00pm	5:15pm	5:15pm	5:15pm

Lane #4 Weekly 24 Hour Volume Data 06/20/2016 to 06/26/2016

Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		1	2			2				2
1 - 2		5	4			5				5
2 - 3		3	1			2				2
3 - 4		1	2			2				2
4 - 5		4	2			3				3
5 - 6		15	10			13				13
6 - 7		25	21			23				23
7 - 8		77	70			74				74
8 - 9		66	68			67				67
9 - 10		34	38			36				36
10 - 11		32	31			32				32
11 - 12		31	33			32				32
- PM -										
12 - 1		30	24			27				27
1 - 2		22	28			25				25
2 - 3		25	26			26				26
3 - 4		36	35			36				36
4 - 5		37	35			36				36
5 - 6		38	37			38				38
6 - 7		51	40			46				46
7 - 8		27	30			29				29
8 - 9		24	28			26				26
9 - 10		16	14			15				15
10 - 11		4	11			8				8
11 - 12		3	4			4				4

TOTALS :	607	594	607	607
% Avg Day :	100%	98%	100%	

AM (12am-10am) Peak Volumes

15 Minute :	22	25	24	24
One Hour :	77	74	76	76
P.H.F. :	0.88	0.74	0.79	0.79
PH Begins :	7:00am	7:15am	7:15am	7:15am

Mid (10am-2pm) Peak Volumes

15 Minute :	11	12	10	10
One Hour :	37	33	35	35
P.H.F. :	0.84	0.69	0.88	0.88
PH Begins :	10:15am	10:30am	10:30am	10:30am

PM (2pm-12am) Peak Volumes

15 Minute :	19	16	15	15
One Hour :	51	45	47	47
P.H.F. :	0.67	0.87	0.90	0.90
PH Begins :	6:00pm	5:15pm	6:00pm	6:00pm

Weekday Average Summary (by Direction)

Time	1	4	1+4	TOTAL
- AM -				
12 - 1	4	2	6	6
1 - 2	1	5	6	6
2 - 3	3	2	5	5
3 - 4	1	2	3	3
4 - 5	1	3	4	4
5 - 6	0	13	13	13
6 - 7	3	23	26	26
7 - 8	10	74	84	84
8 - 9	15	67	82	82
9 - 10	22	36	58	58
10 - 11	26	32	58	58
11 - 12	20	32	52	52
- PM -				
12 - 1	34	27	61	61
1 - 2	32	25	57	57
2 - 3	35	26	61	61
3 - 4	42	36	78	78
4 - 5	51	36	87	87
5 - 6	94	38	132	132
6 - 7	74	46	120	120
7 - 8	42	29	71	71
8 - 9	49	26	75	75
9 - 10	33	15	48	48
10 - 11	20	8	28	28
11 - 12	9	4	13	13

TOTALS :	621	607	1228	1228
% Total :	50.6%	49.4%	100.0%	

AM (12am-10am) Peak Volumes

15 Minute :	10	24	14	14
One Hour :	25	76	45	45
P.H.F. :	0.63	0.79	0.80	0.80
PH Begins :	8:45am	7:15am	7:15am	7:15am

Mid (10am-2pm) Peak Volumes

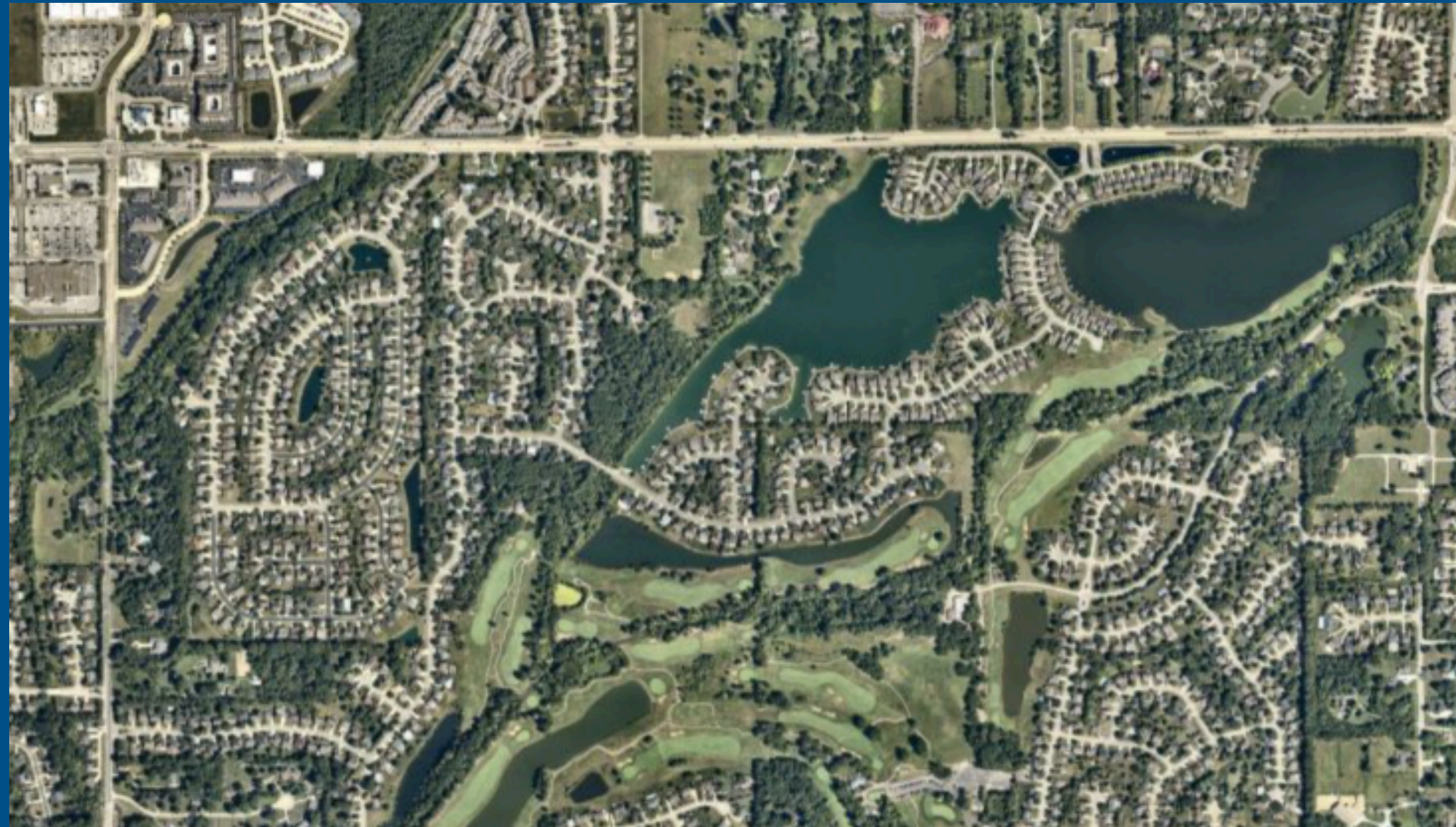
15 Minute :	12	10	10	10
One Hour :	35	35	33	33
P.H.F. :	0.73	0.88	0.82	0.82
PH Begins :	12:00pm	10:30am	12:00pm	12:00pm

PM (2pm-12am) Peak Volumes

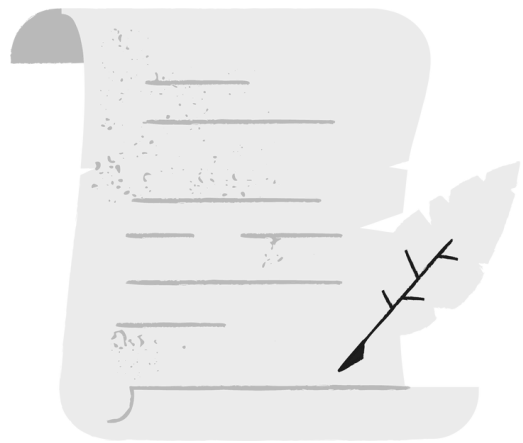
15 Minute :	28	15	21	21
One Hour :	98	47	70	70
P.H.F. :	0.88	0.90	0.83	0.83
PH Begins :	5:15pm	6:00pm	5:15pm	5:15pm



Spyglass Falls - Spyglass Hill



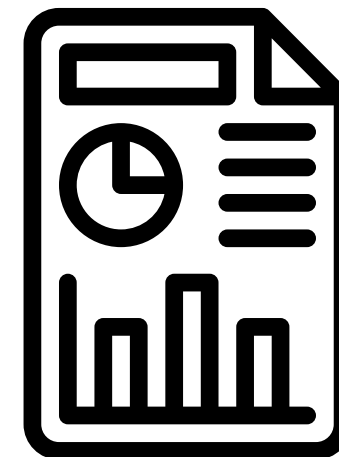
AGENDA



History



**Update to
Report**



Recommendation



FAQ



AGENDA



History



Spyglass Hill - 2024



Intersection of 116th & Klotz Farm



2016 Study



To: Mayor Scott Fadness
Jason Meyer
Jeff Lantz
Fishers Board of Public Works and Safety

From: Jeff Hill, P.E., PTOE
Director of Engineering

Date: July 24, 2016

RE: Spyglass Falls/Spyglass Hills Traffic Study

Recently, residents of Spyglass Falls approached the City of Fishers regarding their concerns about ingress and egress to their neighborhood and its access to 116th Street. Several residents cite long delay and queueing issues trying to leave their subdivision, in particular during the AM peak hour.



Background

Spyglass Hills at Legends at Geist was developed in the 1990s and has access points on both 116th Street and on Cumberland Road. The neighborhood has approximately 241 homes. It accesses 116th Street between Cumberland Road and Hoosier Road and its entrance roadway, Spyglass Ridge Drive aligns with Archer Lane to the north. Spyglass Falls was developed in the 2000s and has access only to 116th Street. The neighborhood has approximately 233 homes. It also accesses 116th Street between Cumberland Road and Hoosier road near the crest of a vertical curve on 116th Street just east of the 116th Street bridge over Sand Creek. When Spyglass Falls was developed, through significant engagement with the Fishers Town Council, the neighborhood was developed with only a pedestrian walkway connecting the two neighborhoods. The recorded plat shows this asphalt path in a "50' right-of-way, pedestrian and emergency access."



2016 Study - Highlights

- **Engineering/PD/Fire met with residents**
- **Consensus on a report studying the issue**
- **At the time of the report, multiple road projects were ongoing that impacted traffic on 116th street. (106th & I-69, 82nd Street, Top Golf & Ikea)**
- **Challenges making a left turn onto 116th street from Klotz Farm Blvd.)**

2016 Study - Crash Data

2010-2015

- **Spyglass Falls & 116th st. Entrance:**
 - **13 crashes**
 - **4 with injuries**
 - **8 of the crashes are right angle collisions (T-Bone)**
 - **3 rear end collisions**
- **Knightsbridge Lane:**
 - **2 crashes**

2016 Study - Neighborhood Input

- **Make the connection between Spyglass Falls & Spyglass Hill**
- **Do not make the connection**
- **Many children/joggers/bikers and walkers will be in danger**
- **Second entrance is not needed, single entrance is crime deterrent**
- **There is no sight distance, road on a hill and on a blind curve**
- **Significant construction occurring, this should be evaluated post construction**
- **Home harder to sell due to access issues (Spyglass Falls)**
- **Home values will decline if connection is made**

2016 Study - Potential Solutions

- **Construct Connector between Spyglass Hill & Spyglass Falls**
- **Close the median on 116th street in front of Spyglass Falls**
- **Reconnect a west exit from Spyglass Falls to Cumberland Rd.**
- **Construct traffic signal at 116th & Klotz Farm Blvd.**
- **Construct traffic signal at 116th & Spyglass Ridge Dr.**
- **Continue Investigations**

AGENDA



**Update to
Report**



Update To Report - Crash Data

2015-2025

- **Spyglass Falls & 116th st. Entrance:**
 - **18 crashes**
 - **6 with injuries**
 - **12 Property Damage**
- **Knightsbridge Lane:**
 - **2 crashes**
 - **1 crash involving a parked car on Deering and Knightsbridge**
 - **1 rear end Southbound Knightsbridge**

Update To Report - Crash Data

Summary

2010-2025

Spyglass Falls & 116th st. Entrance:

31 crashes

Knightsbridge Lane:

4 crashes

Update To Report - Road Volumes

Road Impact Fee Data (2015 & 2021)

116th Street between Cumberland & Hoosier Rd.:

- 2015 AADT: 27,788**
- 2021 AADT: 42,497**

Cumberland Rd. between 106th & 116th:

- 2015 AADT: 10,491**
- 2021 AADT: 12,105**

Update To Report - Solutions

- In addition to the proposed solutions in 2016, the city looked into more alternatives along with associated costs.
- This was an iterative process where the proposed alternatives were looked into more closely from the feasibility and applicability.
- These proposed alternatives were also updated for construction inflation costs.
- They were then listed in a matrix outlining the cost of developing these options and the pros & cons of each.

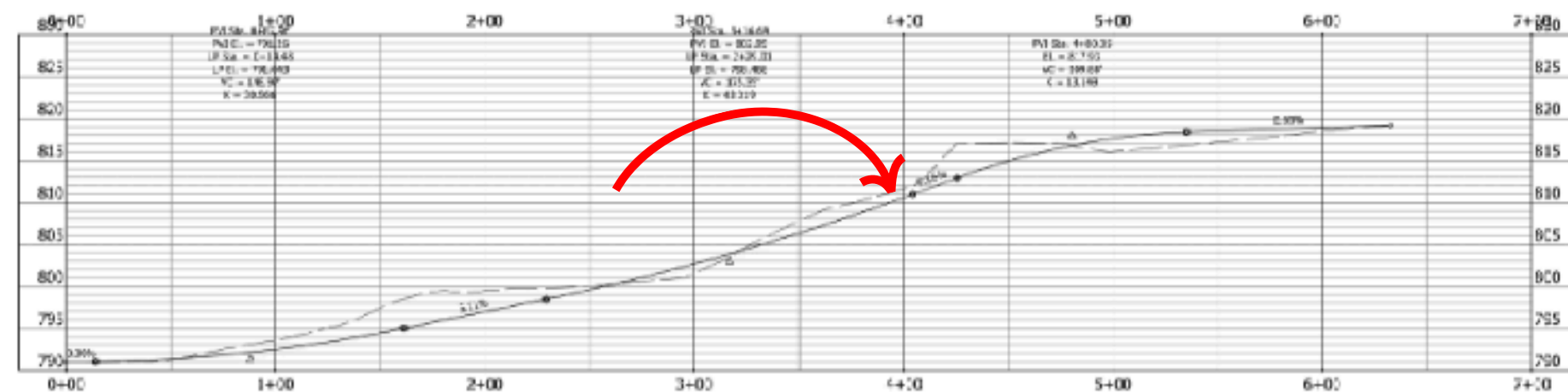
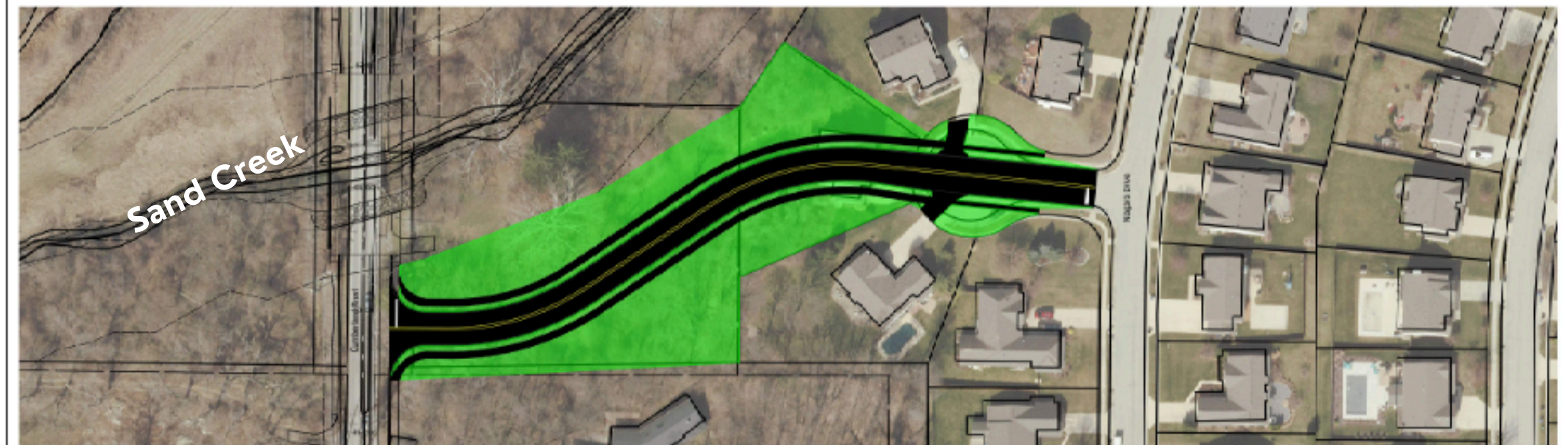
Update To Report - Solutions

- **Options proposed:**
 - **Extension of Cascades Ct. to Cumberland Rd.**
 - **Connection of Niagara Dr. to Cumberland Rd.**
 - **Signal at Klotz Farm Blvd.**
 - **Signal at Spyglass Ridge Drive**
 - **Roundabout at Klotz Farm Blvd.**
 - **Roundabout at Spyglass Ridge Drive**
 - **Connection road between Spyglass Falls & Spyglass Hill neighborhoods**

Update To Report - Solutions

Extension of Cascades Ct. to Cumberland Rd.

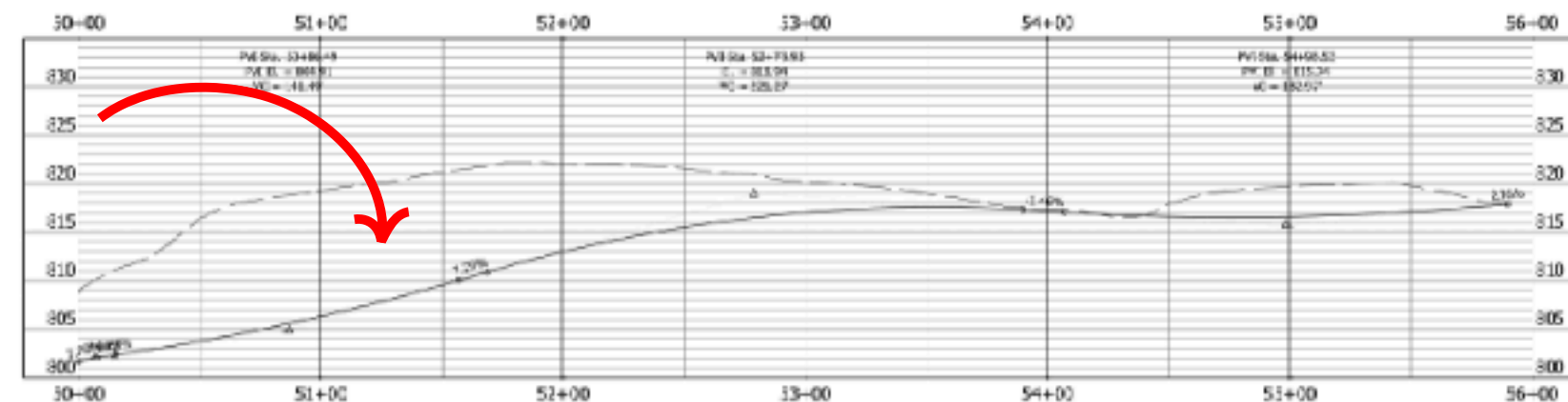
Cost ≈ \$1.8 Million



Update To Report - Solutions

Connection of Niagara Dr. to Cumberland Rd.

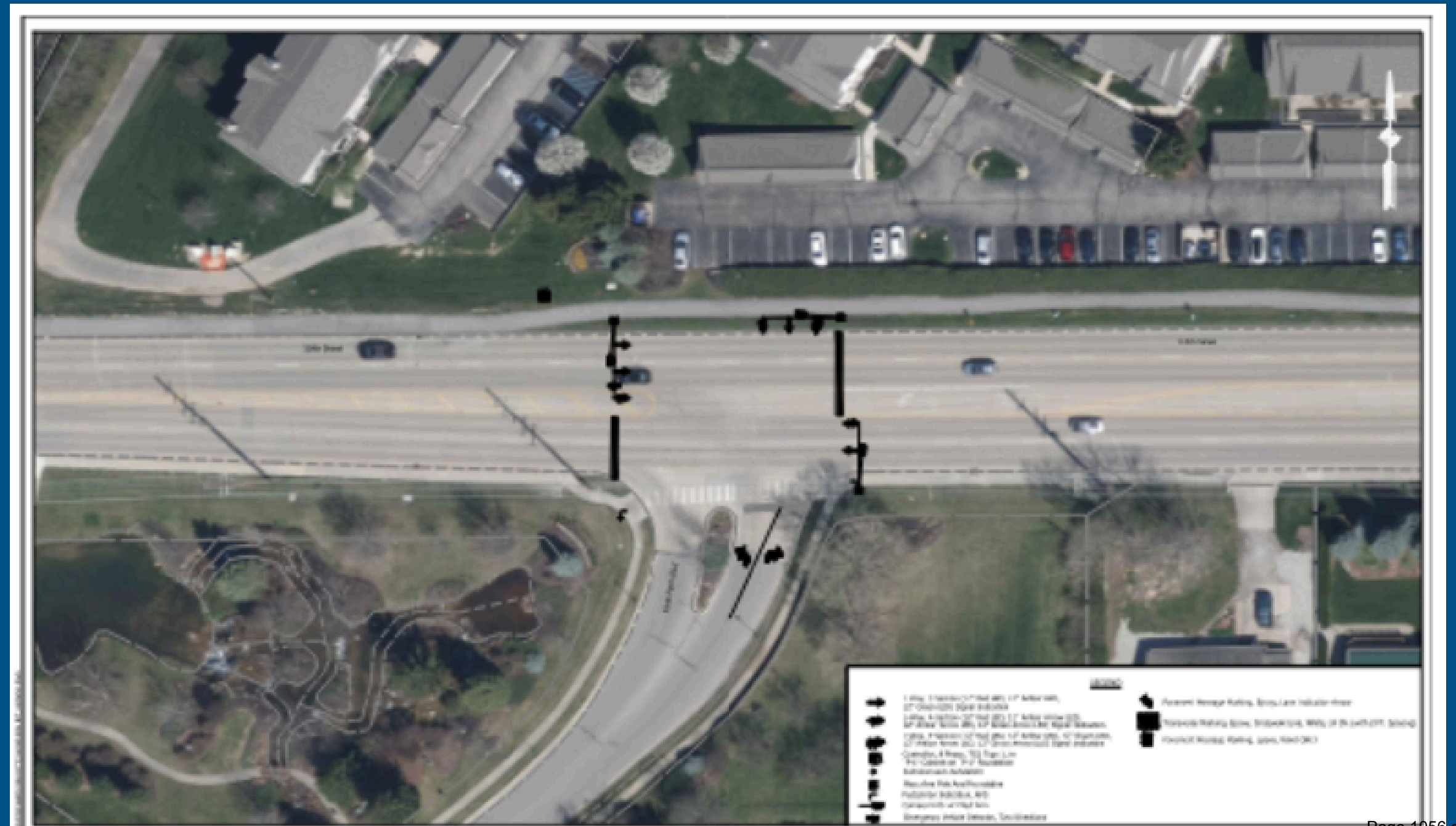
Cost ≈ \$3.5 Million



Update To Report - Solutions

Signal at Klotz Farm Blvd.

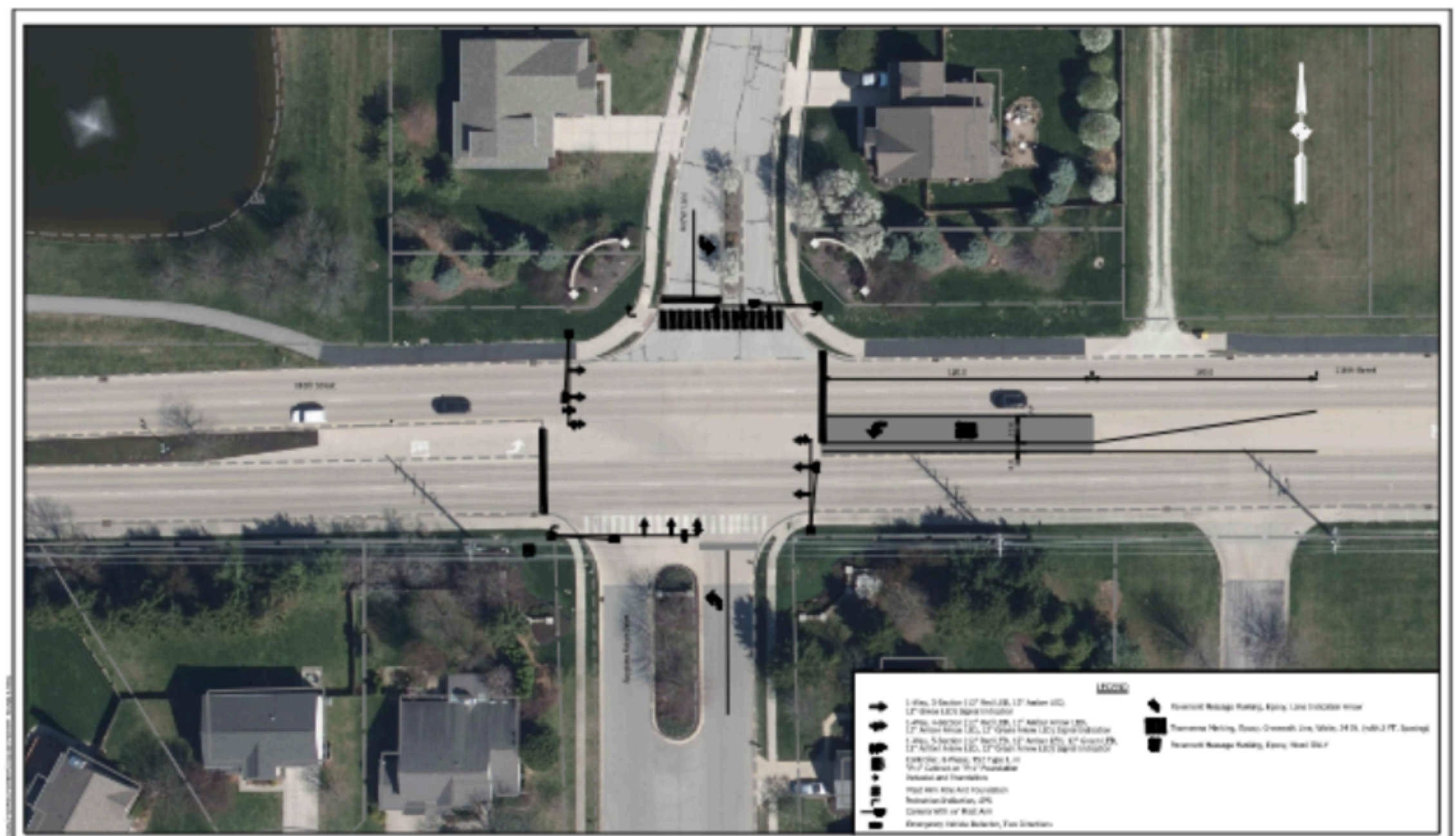
Cost $\approx$ \$520 k



Update To Report - Solutions

Signal at Spyglass Ridge Dr.

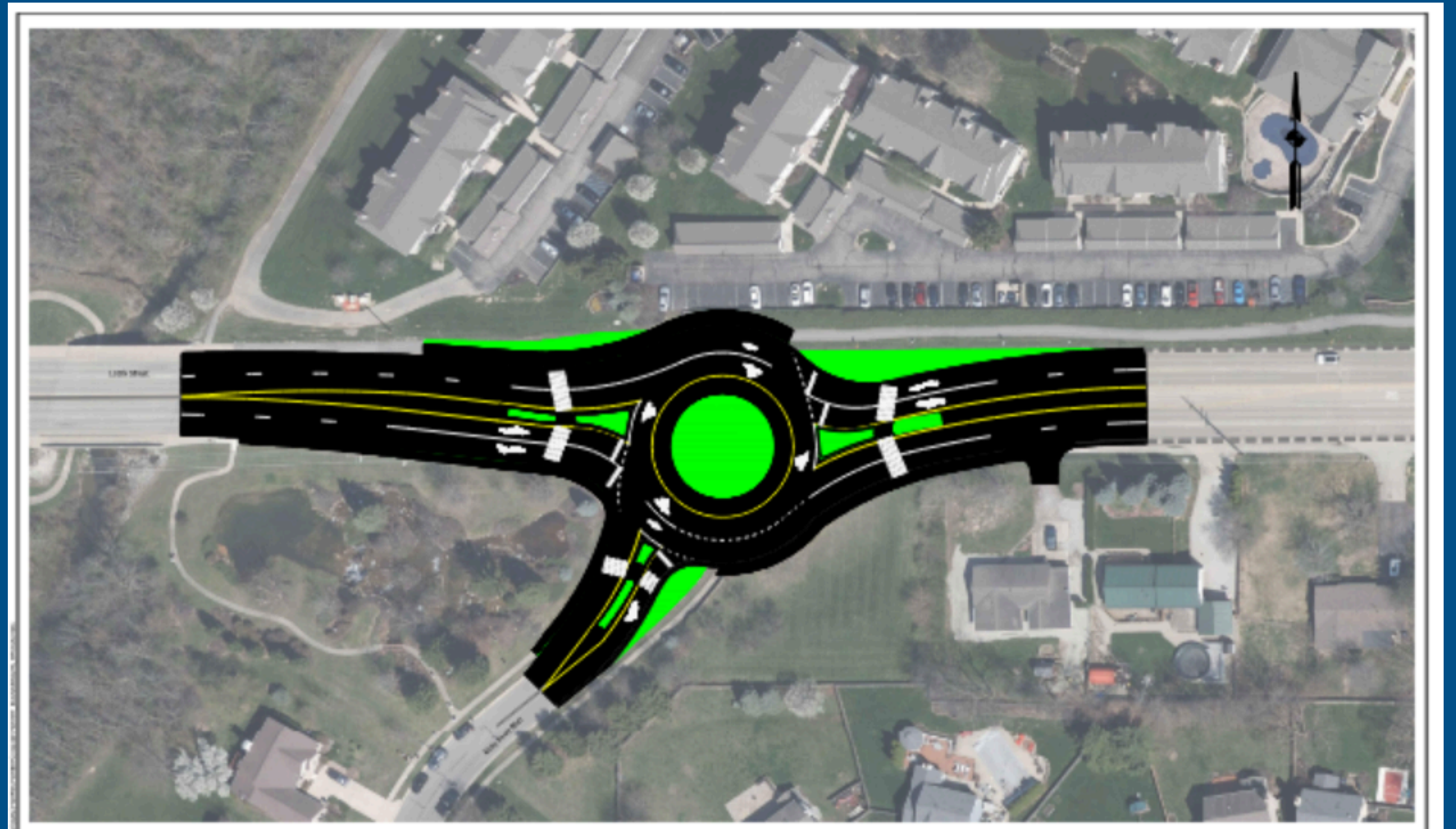
Cost ≈ \$526 k



Update To Report - Solutions

Roundabout at Klotz Farm Blvd.

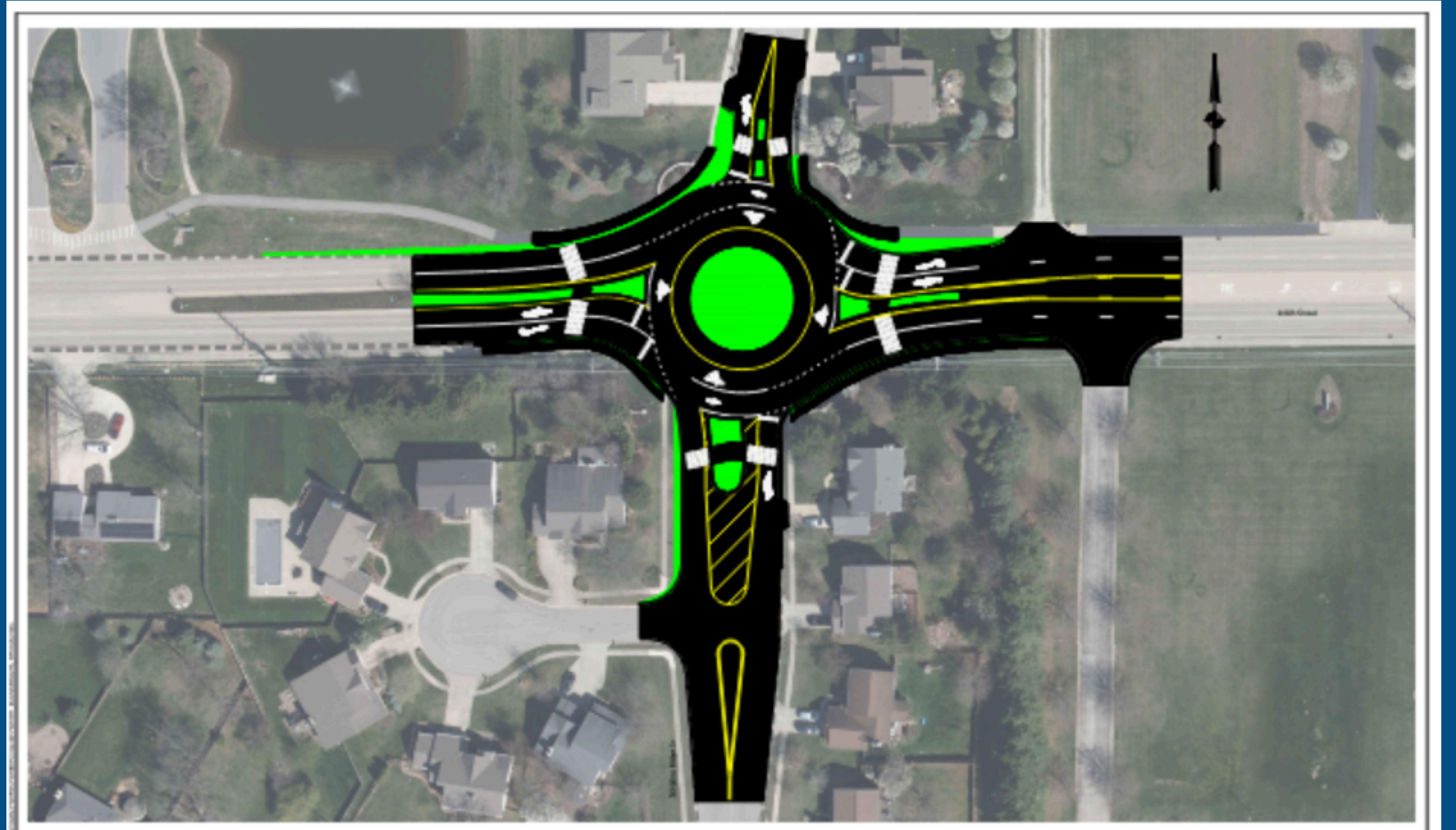
Cost ≈ \$4.62 Million



Update To Report - Solutions

Roundabout at Spyglass Ridge Dr.

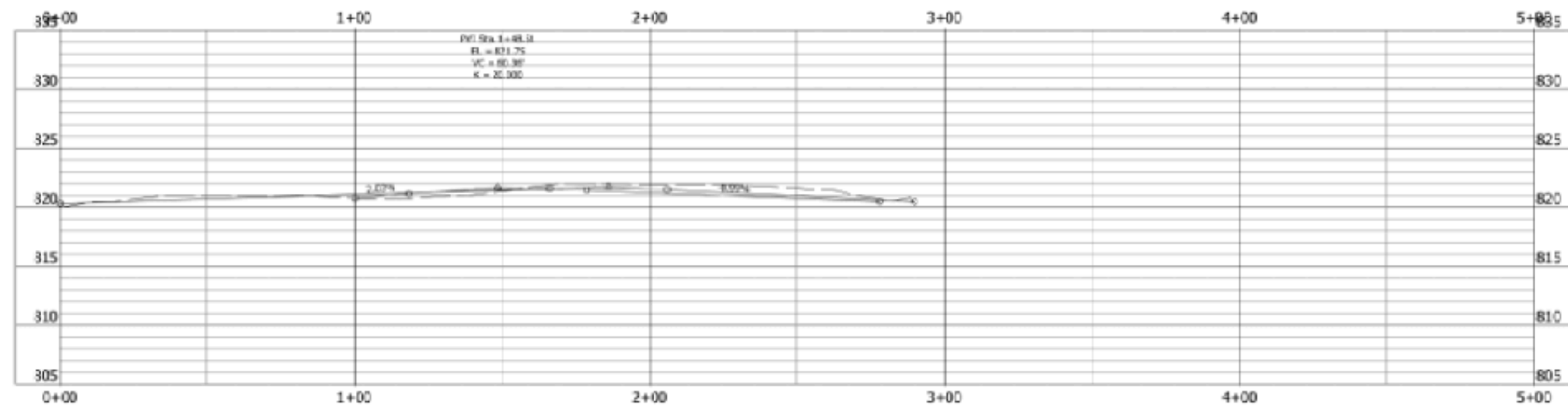
Cost ≈ \$4.18 Million



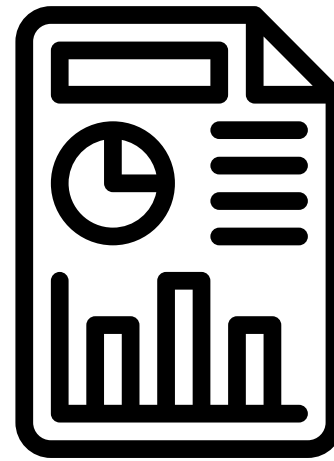
Update To Report - Solutions

Laurel Falls Lane To Knightsbridge Blvd.

Cost≈ \$345 k



AGENDA



Recommendation



Recommendation

Spyglass Falls - Spyglass Hills Access Proposal Alternatives

	Total Cost	Construction Cost	Preliminary Engineering Cost	Right-of-Way Cost	Inspection Cost	Parcels Impacted	Relocations	Land Required (Acres)	Complexity	Pros	Cons
Option 1											
Extension of Laurel Falls Lane to Knightsbridge Lane	\$ 494,425.00	\$ 379,500.00	\$ 60,700.00	\$ 1,125.00	\$ 53,100.00	1	0	0.00	2	•Low Impact •Connection made in existing platted right-of-way	•Increased traffic into Spyglass Hills neighborhood •Additional clearing needed for sight distance
Option 2											
Extension of Laurel Falls Lane to Knightsbridge Lane - One Way	\$ 343,760.00	\$ 264,460.00	\$ 42,300.00	\$ -	\$ 37,000.00	0	0	0.00	2	•Low Impact •Connection made in existing platted right-of-way •Doesn't increase traffic into Spyglass Hills neighborhood	•Doesn't allow access into Spyglass Hills neighborhood
Option 3											
Signal at Klotz Farm Blvd & 116th Street	\$ 520,000.00	\$ 400,000.00	\$ 64,000.00	\$ -	\$ 56,000.00	0	0	0.00	1	•Slows traffic on 116th St •Safe egress •Corridor consistency	•Increased mainline delay on 116th St •May not meet signal warrants
Option 4											
Signal at Spyglass Ridge Drive & 116th Street	\$ 525,875.00	\$ 400,000.00	\$ 64,000.00	\$ 5,875.00	\$ 56,000.00	1	0	0.02	1	•Slows traffic on 116th St •Safe egress •Corridor consistency	•Increased mainline delay on 116th St •May not meet signal warrants
Option 5											
Roundabout at Klotz Farm Blvd & 116th Street	\$ 4,623,350.00	\$ 3,440,100.00	\$ 550,400.00	\$ 151,250.00	\$ 481,600.00	4	0	0.48	3	•Slows traffic on 116th St •Safe egress •Improved landscaping	•Increased traffic impacts on 116th St •Disruption to coordinated signal system •Potential side street delay due to E-W volumes
Option 6											
Roundabout at Spyglass Ridge Drive & 116th Street	\$ 4,183,100.00	\$ 3,186,450.00	\$ 509,800.00	\$ 40,750.00	\$ 446,100.00	7	0	0.13	3	•Slows traffic on 116th St •Safe egress •Improved landscaping	•Increased traffic impacts on 116th St •Disruption to coordinated signal system •Potential side street delay due to E-W volumes

AGENDA



FAQ



FAQ

Common Concerns from Residents

- Crashes at Klotz Farm intersection is the same across 116th street.
- All of Spyglass Falls traffic will use this connector road.
- Home values will be impacted.
- Signals on 116th street is a better option.
- Communication with HSE Schools ?
- Connector is at a dangerous location on Knightsbridge Lane.
- Parking concerns in Spyglass Hill

Crash Data Along 116th Street

Failure to Yield Right of Way

Cumberland Rd.

Hoosier Rd.

Brooks School Rd.

Olio Road



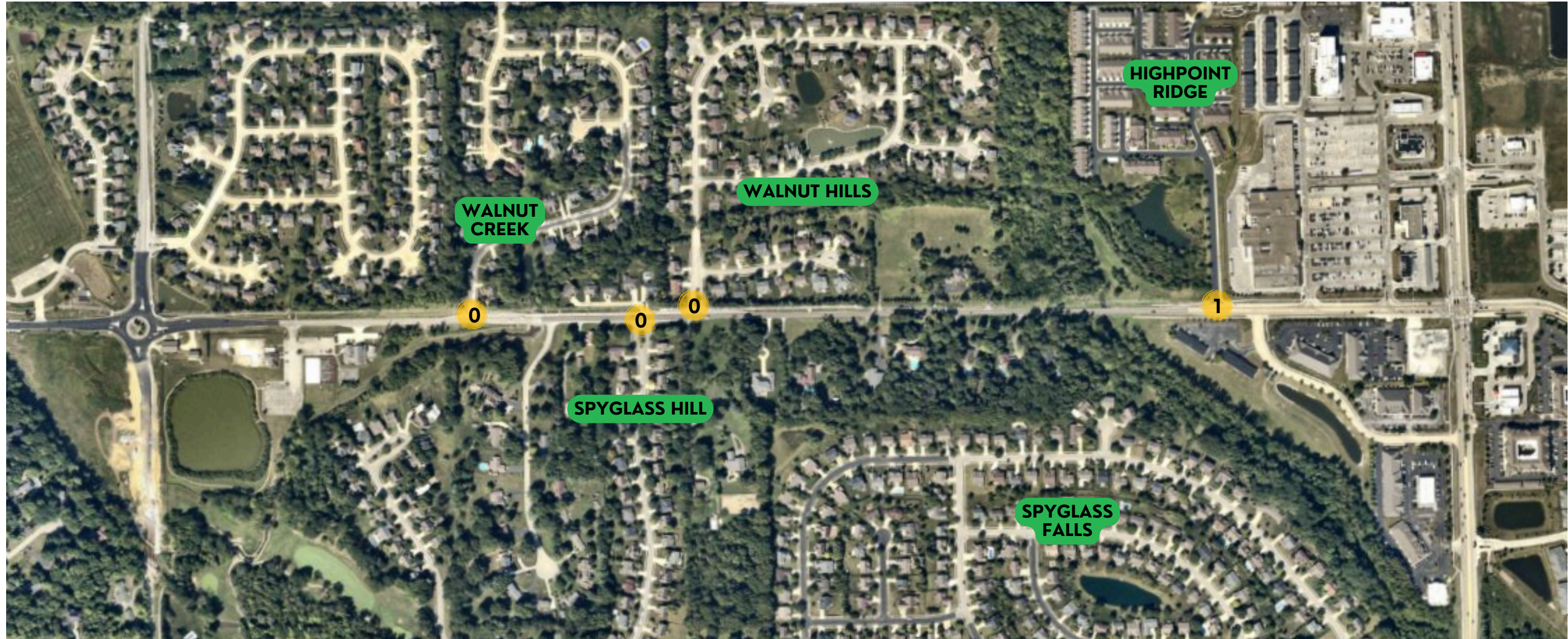
Crash Data Along Cumberland Road

Failure to Yield Right of Way

106th street

116th street

Cumberland Rd.



Traffic Impact



STEVEN J. FEHRBACH, P.E.
PRESIDENT

R. MATTHEW BROWN, P.E.
VICE PRESIDENT

KAREN K. COLLINS, P.E.
VICE PRESIDENT

JOSEPH T. RENGEL, P.E.
VICE PRESIDENT

TRANSPORTATION ENGINEERING STUDIES • TRAFFIC IMPACT ANALYSES
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REGISTRATION

INDIANA
ILLINOIS
KENTUCKY
MICHIGAN
OHIO
MISSOURI
TEXAS

September 29, 2023

Mr. Hatem Mekky, P.E., M.S.C.E.
Director, Department of Engineering
City of Fishers

Re: 116th and Spyglass Falls
Access Point

Hatem,

At your request, we have reviewed the access point to Spyglass Falls with respect to vehicles exiting the access point.

A&F Engineering conducted video volume counts at this intersection and the intersection of 116th Street and Spyglass Ridge Drive for 3 days including Thursday, Friday, Saturday once school was back in session. A review of the exiting traffic at Spyglass Falls found while there was some delay from vehicles exiting the site, it was not excessive during the AM or PM peak hours. One observation was that some vehicles exiting the site to go westbound did use the painted area to make the left turn lane onto 116th street.

Based on the layout of the subdivision, there are some modifications that could improve the exiting traffic for this access point:

1. Make the connection from Spyglass Falls to the subdivision to the east. Currently, there is a right-of-way near the southeast section of the subdivision to make this connection. It is anticipated that only 10 to 15 vehicles per hour would make use of this connection during the peak.
2. Adjust signal timings at Cumberland Road and at Hoosier Road to create larger gaps for vehicles entering on to 116th Street. This recommendation would be for off-peak hours due to the large volume of traffic that makes use of 116th Street during the peak hours.

Please let me know if you have any questions.

Sincerely,
A&F Engineering Co., LLC

Steven J. Fehrbach, P.E.
President

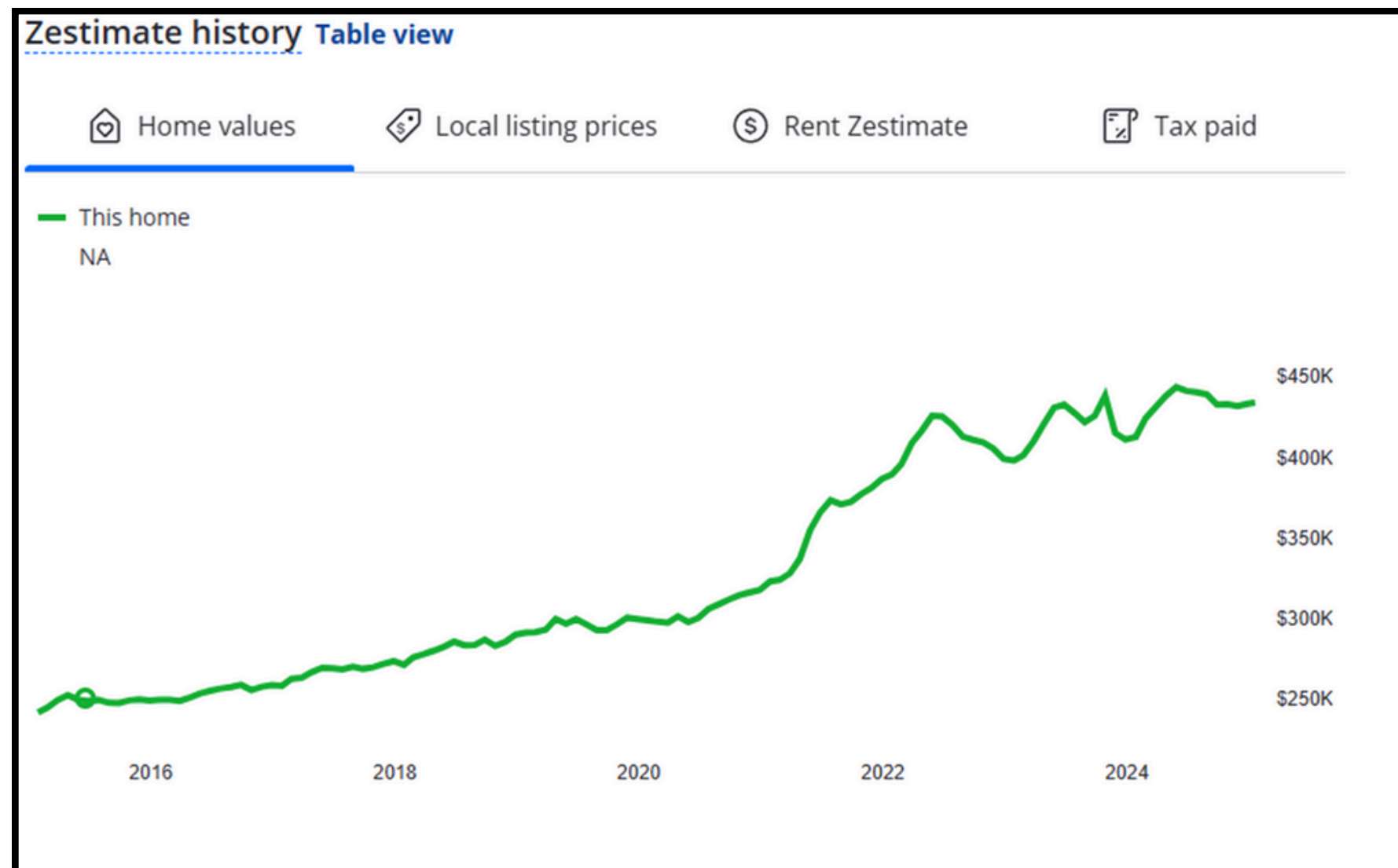
/cmc

Traffic Report

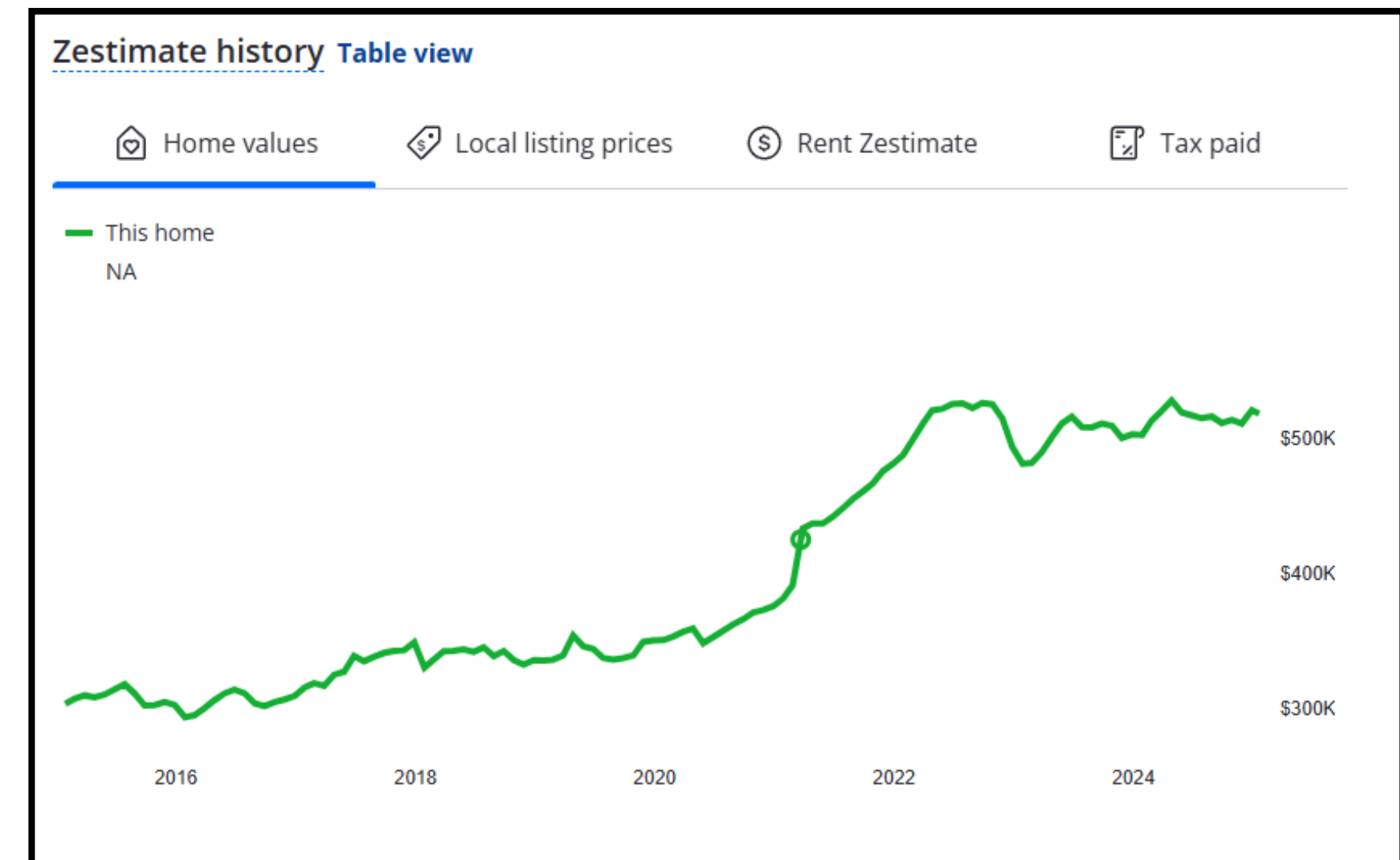
Home Values

Spyglass Hill

Value of home at a connector



Value of home within the neighborhood



*Source: Zillow

Signal Warrants

Warrant 1, Eight-Hour Vehicular Volume

Warrant 2, Four-Hour Vehicular Volume

Warrant 3, Peak Hour

Warrant 4, Pedestrian Volume

Warrant 5, School Crossing

Warrant 6, Coordinated Signal System

Warrant 7, Crash Experience

Warrant 8, Roadway Network

Warrant 9, Intersection Near a Grade Crossing

Signal Warrants

Table 4C-1. Warrant 1, Eight-Hour Vehicular Volume

Condition A—Minimum Vehicular Volume									
Number of lanes for moving traffic on each approach		Vehicles per hour on major street (total of both approaches)				Vehicles per hour on higher-volume minor-street approach (one direction only)			
Major Street	Minor Street	100% ^a	80% ^b	70% ^c	56% ^d	100% ^a	80% ^b	70% ^c	56% ^d
1	1	500	400	350	280	150	120	105	84
2 or more	1	600	480	420	336	150	120	105	84
2 or more	2 or more	600	480	420	336	200	160	140	112
1	2 or more	500	400	350	280	200	160	140	112
Condition B—Interruption of Continuous Traffic									
Number of lanes for moving traffic on each approach		Vehicles per hour on major street (total of both approaches)				Vehicles per hour on higher-volume minor-street approach (one direction only)			
Major Street	Minor Street	100% ^a	80% ^b	70% ^c	56% ^d	100% ^a	80% ^b	70% ^c	56% ^d
1	1	750	600	525	420	75	60	53	42
2 or more	1	900	720	630	504	75	60	53	42
2 or more	2 or more	900	720	630	504	100	80	70	56
1	2 or more	750	600	525	420	100	80	70	56

Communication with HSE Schools

Communication with the Director of Transportation at HSE schools resulted in the following conclusions:

- **Busses do not have any issues using deering and Cumberland road.**
- **They have expressed concern on Klotz farm and 116th street where they have increased difficulties exiting the neighborhood.**

Communication with HSE Schools

Currently there are 5 different schools that have busses that serve spyglass falls.

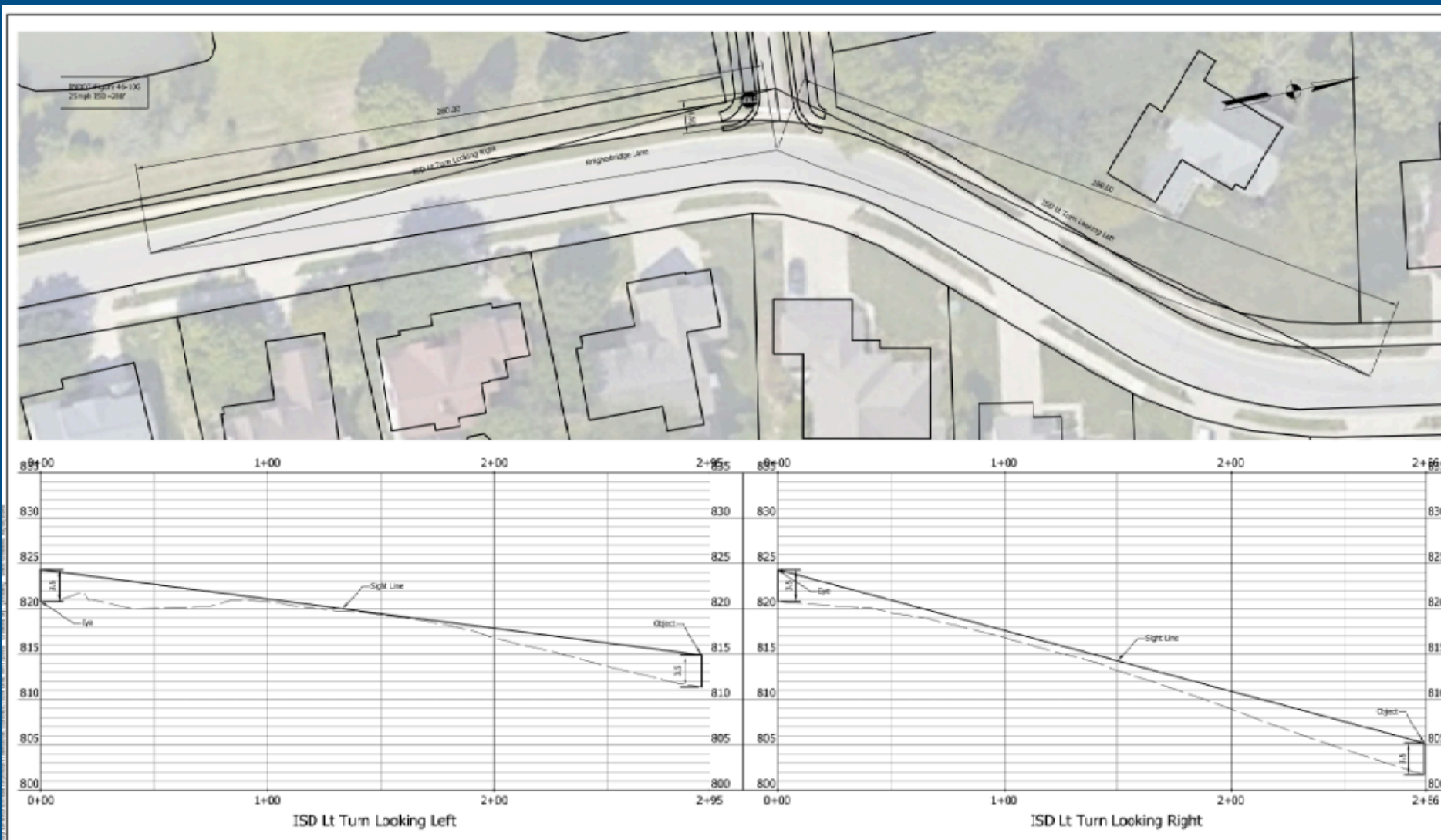
- **HSE highschool**
- **Fishers highschool**
- **Riverside intermediate/junior high**
- **Lantern Rd Elementary**
- **2 exceptional schools**

They would encourage the connection stating that it would create a safer route for the students on these busses.

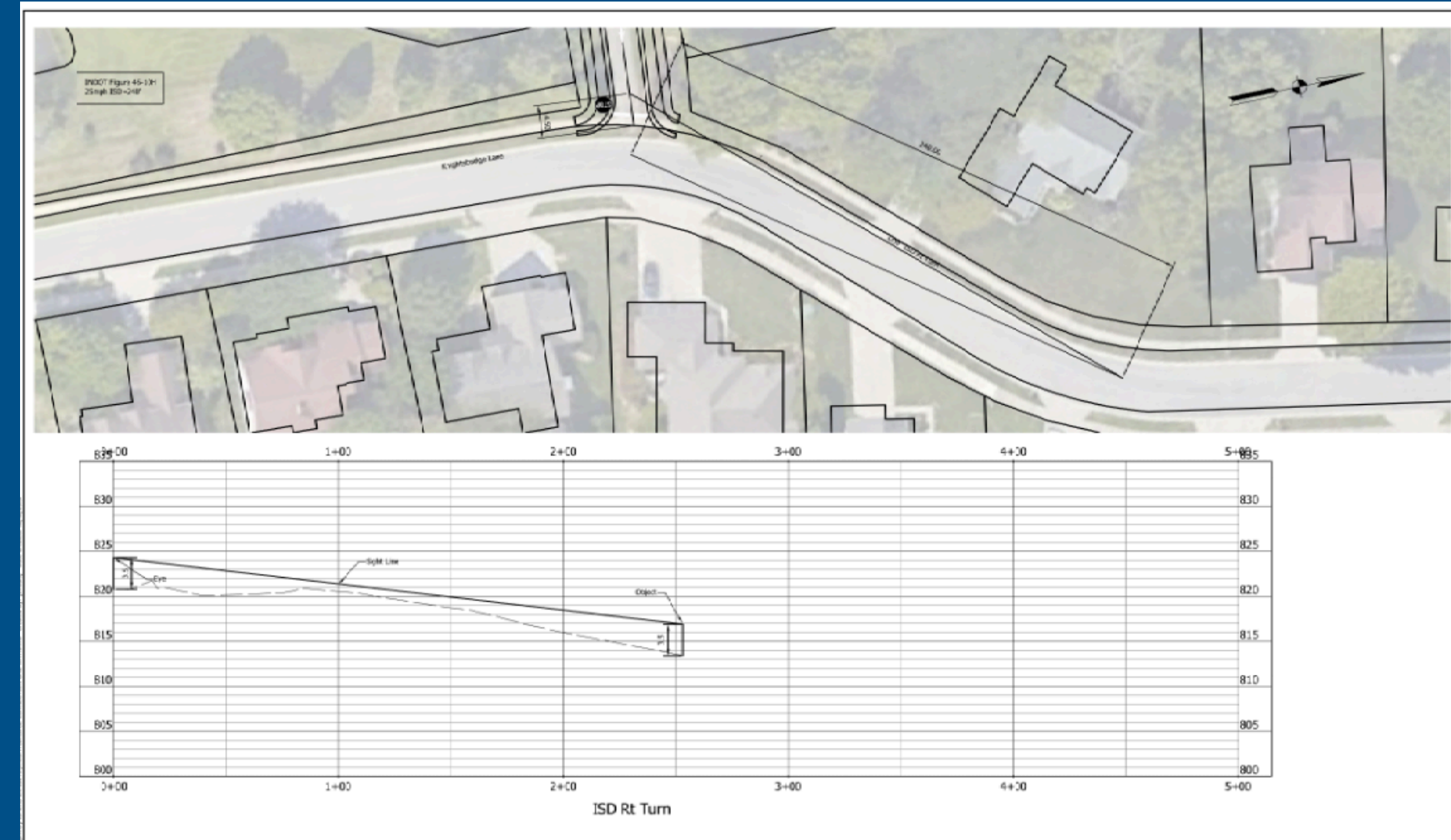
Connector Safety

Laurel Falls Lane To Knightsbridge Blvd.

Connector Turning Left



Connector Turning Right



Connector Safety

Laurel Falls Lane To Knightsbridge Blvd.

Discussion points made related to Sight Distance:

- **Sight distance obstructions:**
 - **Trees:** there are some trees located just south of the intersection point. There is only one tree in question that can pose a sight issue and this can be mitigated by either relocation or removal. These trees are in public right of way.
 - **Short Timber retaining wall:** this wall is also located on public right of way and it can be moved or removed if in conflict with sight distance

Connector Safety

Laurel Falls Lane To Knightsbridge Blvd.

Knightsbridge Lane - Traveling South



Connector Safety

Laurel Falls Lane To Knightsbridge Blvd.

Knightsbridge Lane - Traveling North



Connector Safety

Laurel Falls Lane To Knightsbridge Blvd.

Connector Rd. - Looking Left



Connector Safety

Laurel Falls Lane To Knightsbridge Blvd.

Connector Rd. - Looking Right



Parking concerns in Spyglass Hill

Neighborhood Parking:

- Opposite another parked car, leaving less than 18' of travel lanes
- Blocking a driveway or parking across from a driveway on the opposite side of the street
- Parking within 20' of an intersection or crosswalk of an intersection
- Parking within 30' of a stop sign
- Parking within 15' of a fire hydrant



NO PARKING within 20 feet from a crosswalk



NO PARKING within 30 feet from a stop sign



NO PARKING within 20 feet from the corner



NO PARKING within 15 feet from a fire hydrant

Summary

- **Board of Public Works Meeting January 28, 2025**
- **Public comment period from 1/28/2025 - 2/25/2025**
- **Presentation & Ammendment to the report will be available to the board and the public**
- **Board will review the report within 30 days**
- **Board will then make a consideration**



Thank You

Hatem Mekky
Director of Engineering
City of Fishers

